

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13994**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **5738** Registrar's No. **102**

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL, and give town) <b>LaPlata TWP (RURAL)</b>		c. LENGTH OF STAY (In this place) <b>3 yrs</b>	c. CITY OR TOWN <b>LaPlata</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <b>06100</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ola</b> b. (Middle) <b>Fay</b> c. (Last) <b>Yantis</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 10, 1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 1, 1897</b>
9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Adair County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>A. F. Rummerfield</b>	13b. MOTHER'S MAIDEN NAME <b>Lottie Belle Ammerman</b>	14. NAME OF HUSBAND OR WIFE <b>Fred Yantis</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Fred Yantis, Laplata, Mo</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>None</b>		18. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Liver</b>		INTERVAL BETWEEN ONSET AND DEATH <b>19 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cancer of Liver</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS * Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr 7, 1956** to **Apr 10, 1956** that I last saw the deceased alive on **Apr 7, 1956** and that death occurred at **9:30 a.m.** from the causes and on the date stated above.

23a. SIGNATURE <b>Ola Fay Yantis</b>	(Degree or title)	23b. ADDRESS <b>La Plata Mo</b>	23c. DATE SIGNED <b>4-11-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/12/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Hills Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkville, Mo</b>
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DATE REC'D BY LOCAL REG. <b>4/13/56</b>	REGISTRAR'S SIGNATURE <b>Cuth McNeely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul M. Riley</b>	ADDRESS <b>Turkville Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 4.18.56  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 4.56.87  
Date Filed 4.19.56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Samuel E. Hayes*

Licensed Embalmer No. 789

P. O. Address *Hubertville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.