

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 20 1956

44911

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's **11595**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital-8 hr			Length of stay in 1b		d. STREET ADDRESS 7350 Milan Avenue		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH							
First DANIEL		Middle EMMETT		Last YOWELL		Month December		Day 18th		Year 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH January 30, 1901		9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months 10 Days 18 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Clerk				10b. KIND OF BUSINESS OR INDUSTRY M.K.& T. Railroad		11. BIRTHPLACE (City and state or country) Stoutsville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Joseph O. Yowell						14. MOTHER'S MAIDEN NAME Gertrude Searcy					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 702-10-0380		17. INFORMANT Address Mrs. Emma Louise Yowell 7350 Milan Avenue					
18. CAUSE OF DEATH (Only one cause per line for (a), (b), and (c).) PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Arteriosclerotic heart disease DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200								INTERVAL BETWEEN ONSET AND DEATH 3-4 yrs			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 4200				COUNTY		STATE	
21. I attended the deceased from 12/17/56 to 12/18/56 and last saw her him alive on 12/17/56 Death occurred at 3:35 am 55 A.M. at on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Jas. A. Hutchinson (Degree or title)						22b. ADDRESS 114 N Taylor			22c. DATE SIGNED 12/18/56		
23a. BURIAL (CREMATION, REMOVAL) (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)			
Removal		12 / 20 / 56		Chillicothe Cemetery				Chillicothe, Missouri			
24. FUNERAL DIRECTOR C. R. Lupton & Sons				ADDRESS 7233 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. DEC 18 1956		26. REGISTRAR'S SIGNATURE Carl Smith MD			

Feb. 3-8600
1:00 To 3:00
get teacher signs, take by
city coroner for cert.
Maxwell

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 *Clarence A. Mur*
.....

Licensed Embalmer No. 40

P. O. Address *St. Louis,*
.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.