

FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

1986

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 4317 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>MADISON CO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN <u>MAYOLA</u>		c. CITY OR TOWN <u>MAYOLA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) <u>0620</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Addie</u> b. (Middle) <u>I</u> c. (Last) <u>Yount</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-29-1957</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>10-15-1877</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>PATTON MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>JACKIE SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA DOGBOY</u>		14. NAME OF HUSBAND OR WIFE <u>FM Yount</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>C. O. Yount</u> ADDRESS <u>Mayola Mo</u>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertension</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>	
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 <u>4222</u>	20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) (Min.)	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 1/29, 1957, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. W. Wootman</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Fredenectown Mo</u>	23c. DATE SIGNED <u>2/1/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/30/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION LIGHT</u>	24d. LOCATION (City, town, or county) (State) <u>Bollinger Co. Mo</u>
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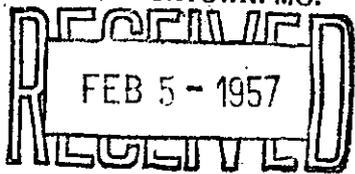
DATE REC'D BY LOCAL REG. <u>2-1-1957</u>	REGISTRAR'S SIGNATURE <u>Flora J. Pickel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Wootman</u> ADDRESS <u>Mayola Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.



FILE No. 257-12

MAR 6 1957

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 Raymond B. Watson

Licensed Embalmer No. 4887

P. O. Address Fredemont

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