

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36965  
STATE FILE NUMBER

FILED OCT 15 1957

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Unionville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0869	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1000 Main Length of stay in lb 70 Years		d. STREET ADDRESS (If outside, give location) 1000 Main Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Zora Dawn Yount			4. DATE OF DEATH Month Day Year October 11, 1957
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 February 25, 1884
9. AGE (In years last birthday) 73	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe Manager		10b. KIND OF BUSINESS OR INDUSTRY Cafe Owner
11. BIRTHPLACE (City and state or country) Putnam County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Isaac Yount		14. MOTHER'S MAIDEN NAME Mary Korn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Opal Yount		Address 1000 Main Unionville, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) arteriosclerosis & DUE TO (c) hypertension for years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 331X			INTERVAL BETWEEN ONSET AND DEATH 3 hours
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 COUNTY STATE
21. I attended the deceased from July 30 57 to Oct 11 57 and last saw him alive on Oct 11 57 Death occurred at 10:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Chas L. Field D.O.		22b. ADDRESS Unionville, Missouri	22c. DATE SIGNED 10/14/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/14/57	23c. NAME OF CEMETERY OR CREMATORY Unionville Cemetery	23d. LOCATION (City, town, or county) (State) Unionville, Missouri
24. FUNERAL DIRECTOR Comstock Funeral Home By J. W. Comstock		ADDRESS Unionville, Mo.	25. DATE RECD. BY LOCAL REG. 10-13-1957
		26. REGISTRAR'S SIGNATURE Marvell Durbin	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare  
Public Health Service  
S. 300  
v. 1-56  
All symptoms will be listed. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
Securing the medical certificate in this specimen manner required by 173.140-140.1749.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

OCT 23 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 *James W. Comstock*.....

Licensed Embalmer No. *41*.....

P. O. Address *Unionville*.....

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.