

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 6 - 1957

39829  
STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Kennett Rt. 3</u>			Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kennett Rt. 3</u>			Length of stay in 1b <u>10 years</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 3</u>		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Bryan</u> Last <u>Yount</u>				4. DATE OF DEATH Month <u>11</u> Day <u>25</u> Year <u>57</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 2nd - 1908</u>	
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>23</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Grain &amp; Seed Co.</u>		11. BIRTHPLACE (City and state or country) <u>Laughlin Mo.</u>	
13. FATHER'S NAME <u>Samuel Yount</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Smith</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> <u>XX</u>			16. SOCIAL SECURITY NO. <u>91-16-1243</u>		17. INFORMANT <u>Mrs. Pearl Yount</u>		Address <u>Kennett Mo. Rt. 3</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <u>4201</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <u>Kennett Mo.</u>			STATE <u>Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>3.30A</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Quinton Tarror, Coroner M.D.</u>				22b. ADDRESS <u>Kennett Mo.</u>		22c. DATE SIGNED <u>11-29-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-27-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>McCullough</u>		23d. LOCATION (City, town, or county) <u>Kennett Rt. 2 Mo.</u>		14-57-57
24. FUNERAL DIRECTOR <u>Lentz Service</u>			ADDRESS <u>Kennett Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-29-1957</u>		26. REGISTRAR'S SIGNATURE <u>Carl Husband</u>

RECEIVED DUNHAM COUNTY HEALTH DEPARTMENT 12-2-57 COUNTY FILE NUMBER 1257-2

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 Edgar Lee Turner

Licensed Embalmer No. 4433

P. O. Address Kennett Mo.

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.