

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004977
STATE FILE NUMBER

FILED FEB 24 1959

Registration District No. 93 Primary Registration District No. _____ Registrar's No. 59-12

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lockwood</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Lockwood</u> ²⁹⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hosp.</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Francis</u> Middle <u>Marion</u> Last <u>Yant</u>			4. DATE OF DEATH Month <u>2</u> Day <u>4</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-16-1889</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Lawrence Co, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				

13a. FATHER'S NAME <u>Edward W. Yant</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Swope</u>		14. NAME OF HUSBAND OR WIFE <u>Milber Mo.</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>494-18-0704</u>	17. INFORMANT <u>Mrs. Inez McMikhan</u>		Address <u>Milber Mo.</u>
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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>Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Congestive heart failure</u>			<u>2 weeks</u>
	DUE TO (c) <u>Pulmonary Emphysema</u>			<u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>52:1</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.)		
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20c. TIME OF INJURY Hour _____ p.m. Month, Day, Year _____			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Lockwood, Mo.</u>		COUNTY _____	STATE _____
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21. I attended the deceased from 7-31-58 to 2-4-59 and last saw her alive on 2-4-59.
Death occurred at 10:16 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Elmer W. Taylor M.D.</u>		22b. ADDRESS <u>Lockwood, Mo.</u>		22c. DATE SIGNED <u>2/9/59.</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-8-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greys Point</u>		23d. LOCATION (City, town, or county) (State) <u>N.W. of Milber Mo.</u>	
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24. FUNERAL DIRECTOR <u>Norma Leiman</u>		ADDRESS <u>Milber Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-16-1959</u>	26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>	
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
Elmer W. Taylor, M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 10 1959

MAR 11 1959

JAN 7 1959

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 S. R. Lerman

Licensed Embalmer No. 3297

P. O. Address Miller 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.