

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006144

STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 25

300
1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN Twp		c. CITY OR TOWN JOPLIN <u>0495</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOPE MANOR CONVAL-ESSENT HOME		d. STREET ADDRESS HOPE MANOR-1402 REX Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First SIBYL Middle HARRIS Last YATES			4. DATE OF DEATH FEBRUARY 7, 1959 Month February Day 7 Year 1959		
--	--	--	---	--	--

5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 9, 1904	9. AGE (In years last birthday) 54	10. FUNDER 1 YEAR Months 5 Days 10 Hours 10 Min.	11. IF UNDER 24 HRS. Hours 10 Min.
-----------------	---------------------------	---	--------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOKKEEPER	10b. KIND OF BUSINESS OR INDUSTRY HADLEY TATUM COMPANY	11. BIRTHPLACE (City and state or country) PINEVILLE, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	--

13a. FATHER'S NAME DANIEL W. HARRIS	13b. MOTHER'S MAIDEN NAME AMAMIA BRANSCUM	14. NAME OF HUSBAND OR WIFE ARTHUR B. YATES
--	--	--

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. UNK	17. INFORMANTS SIS-IN-LAW Address CARTHAGE, MO. MRS. LAWRENCE RAY, 505 EUCLID, 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) Amyotrophic Lateral Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 1947
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)		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 _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <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 Joplin, COUNTY Jasper, STATE Missouri
---	---	--	---

21. I attended the deceased from 9-27-47 to 2-7-59 and last saw her ^{her} him alive on 2-7-59 Death occurred at 7:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. R. Kuhn Jr., M.D. (Degree or title)	22b. ADDRESS 321 Frisco Building, Joplin, Mo.	22c. DATE SIGNED 2-9-59
--	--	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-9-59	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,	23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
---	-------------------------	--	---

24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO. ADDRESS	25. DATE RECD. BY LOCAL REG. 2-9-59	26. REGISTRAR'S SIGNATURE Mrs. Madeline Shitzer
--	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 All diseases in Part I must be causally related.
 J. R. Kuhn Jr., M.D.

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *J. P. Lin. 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.