

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010154
STATE FILE NUMBER

FILED MAR 17 1959

Registration District No. 206 Primary Registration District No. 5751 Registrar's No. 15

300
1-57

W

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Madison			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Arcadia <u>C 470</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1/2 mi. S of Pilot Knob		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RUSSELL EDWIN YATES			4. DATE OF DEATH Month Day Year March 7 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 22 1932		9. AGE (In years last birthday) 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter, industrial construction		10b. KIND OF BUSINESS OR INDUSTRY Pilot Knob Mo.		11. BIRTHPLACE (City and state or country) USA	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Lillie Marie Yates	
13c. NAME OF HUSBAND OR WIFE #		14. NAME OF HUSBAND OR WIFE #		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Korean War	
16. SOCIAL SECURITY NO. 493-32-7099		17. INFORMANT Lillie Hasty, Pilot Knob Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broken Neck and Crushed chest.					INTERVAL BETWEEN ONSET AND DEATH instantaneous
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Not seen before death.					
DUE TO (c) Charles E. Michaels MD					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) investigated by Coroner Ray Wilson					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Thrown from automobile that left road and			
20c. TIME OF INJURY Hour Month, Day, Year 6:15 p.m. March 7, '59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1 mile west on Hx. 20			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Fredericktown		COUNTY Madison	STATE Missouri
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Therence Hicks - Local Registrar			22b. ADDRESS Fredericktown Mo.		22c. DATE SIGNED 3-10-1959
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3-10-59	23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Memorial Park		23d. LOCATION (City, town, or county) (State) Ironton Mo.
24. FUNERAL DIRECTOR Amel G. White		25. DATE RECD. BY LOCAL REG. 3-17-59		26. REGISTRAR'S SIGNATURE Therence Hicks	
27. WHITE FUNERAL HOME, IRONTON MO.					

STATE OF ILLINOIS

APR 10 1959

APR 10 1959

APR 10 1959

ILLINOIS STATE BOARD OF EMBALMERS
OFFICE NO. 359-10

STATEMENT BY LICENSED EMBALMER

APR 10 1959

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 *Arvid J. White*

Licensed Embalmer No. *3012*

P. O. Address *Montana 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.