. Health
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-010228
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 231 Primary Registration District No. 5808 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: MONTGOMERY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BEAR CREEK TWNSHP. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: MARYS NURSING HOME Length of stay in 1b: 2 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: MONTGOMERY
c. CITY OR TOWN: JONESBURG Inside Limits Yes ☒ No ☒
d. STREET ADDRESS (If outside, give location): BEAR CREEK TWNSHP. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ALFRED Middle H. Last YANDELL
4. DATE OF DEATH: Month MARCH Day 25 Year 1959

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: SEPT. 27, 1882
9. AGE (In years last birthday): 76 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED HOSP. ATTENDANT
10b. KIND OF BUSINESS OR INDUSTRY: HOSPITAL
11. BIRTHPLACE (City and state or country): ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: ALFRED J. YANDELL
13b. MOTHER'S MAIDEN NAME: ZELLA MABRY
14. NAME OF HUSBAND OR WIFE: BERTHA YANDELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 496-18-7332
17. INFORMANT: BERTHA YANDELL Address: 5897 WASHINGTON AVE. ST. LOUIS 12 MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Occlusion
DUE TO (c): Generallized Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2-21-59, to 3-25-59 and last saw her/him alive on 3-24-59
Death occurred at 6:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A. N. MacLean (Degree or title) D.O. 2
22b. ADDRESS: Warrenton, Mo.
22c. DATE SIGNED: 3-27-59

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: MAR. 27, 1959
23c. NAME OF CEMETERY OR CREMATORY: VALHALLA CEMETERY
23d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, MO.

24. FUNERAL DIRECTOR: SUEDMEYER'S SONS ADDRESS: 3934 N. 20TH ST. ST. LOUIS 7 MO.
25. DATE RECD. BY LOCAL REG.: 3-28-59
26. REGISTRAR'S SIGNATURE: Laura B Calloway

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

APR 1 1956

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 Herbert J. Gan Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 M

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.