. Health,
& Welfare
. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59–023559
STATE FILE NUMBER

FILED JUN 24 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 5609

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis, Missouri — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis Childrens — Length of stay in 1b: 11 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Adair
c. CITY OR TOWN: Kirksville — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1507 South Lewis, — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Linda Middle: Elaine Last: Yantis

4. DATE OF DEATH: Month 6 Day 10 Year 59

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 4/29/59

9. AGE (In years last birthday): IF UNDER 1 YEAR — Months: 1 Days: 12 — IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and state or country): Kirksville, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Eldon Edgar Yantis

13b. MOTHER'S MAIDEN NAME: Carol Miller

14. NAME OF HUSBAND OR WIFE: never married

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Ida Toibb, Address: 500 S. Kingshighway

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Aspiration of vomitus	minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	general debilitation	1½ mo
DUE TO (c)	multiple congenital anomalies — cong heart disease, malrotation of bowel, congenital bowel obstruction	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 7545

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 5/30/59, to 6/10/59 and last saw her alive on 6/10/59
Death occurred at 9:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard Spitz M.D. — Richard Spitz M.D.

22b. ADDRESS: 500 S. Kingshighway

22c. DATE SIGNED: 6/10/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6/13/59

23c. NAME OF CEMETERY OR CREMATORY: Oak Park

23d. LOCATION (City, town, or county) (State): Kirksville Mo.

24. FUNERAL DIRECTOR ADDRESS: Davis & Davis Kirksville Mo

25. DATE RECD. BY LOCAL REG.: JUN 12 '59

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Signed [signature]
Signature of Student Embalmer

Licensed Embalmer No. 3155

P. O. Address St Charles 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.