

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020022

FILED VS MAY 19 1960

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 122

STATE FILE NUMBER

UNDE

1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARCELINE</u>		Length of stay in 1b		c. CITY OR TOWN <u>MARCELINE</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>217 E. Howe</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>217 E. Howe</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print). First <u>CLAUDE</u> Middle Last <u>YATES</u>				4. DATE OF DEATH Month <u>5</u> Day <u>9</u> Year <u>1960</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-18-1888</u>			
9. AGE (last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>22</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONDUCTOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>ATSF Rwy</u>		11. BIRTHPLACE (City and state or country) <u>Bucklin Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>EDWARD YATES</u>			13b. MOTHER'S MAIDEN NAME <u>MAMIE BEEDE</u>			14. NAME OF HUSBAND OR WIFE <u>IRENE YATES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>R.R. Ret</u>		17. INFORMANT <u>IRENE YATES MARCELINE</u>			Address <u>Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 709-14-2954 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY Thrombosis</u> DUE TO (b) <u>Atherosclerotic Cardio-Vas. Dis</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE			
21. I attended the deceased from <u>1956</u> to <u>5-9-60</u> and last saw her alive on <u>5-10-60</u> Death occurred at <u>6:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Robert W. Smith MD</u> (Degree or title)				22b. ADDRESS <u>Marceline, Mo</u>				22c. DATE SIGNED <u>5-10-60</u>	
23a. BURIAL CREATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>5-11-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEM.</u>		23d. LOCATION (City, town, or county) <u>MARCELINE Mo.</u>			
24. FUNERAL DIRECTOR <u>Miller-Tillotson</u>			ADDRESS <u>MARCELINE</u>		25. DATE RECD. BY LOCAL REG. <u>5-11-60</u>		26. REGISTRAR'S SIGNATURE <u>Brookie Owens</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 1 1963

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 Silburn K. Tildat

Licensed Embalmer No. 4508

P. O. Address Marcel

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.