

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012385

AMENDED

Registration District No. 4540370 Primary Registration District No. 370-6258 Registrar's No. 55 STATE FILE NUMBER

FILED MAR 23 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	WAYNE	a. STATE	MO b. COUNTY WAYNE
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN	GREENVILLE	c. CITY OR TOWN	GREENVILLE
Length of stay in 1b		Inside Limits	
LIFE		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS	(If outside, give location) Residence on Farm
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
CAVET WESLEY YATES			MAR. 13 1961		
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR
MALE	WHITE		SEP 19 1886	75	Months 6 Days 3 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
RETIRED RR WORKER		MO. PAC. R.R.		GREENVILLE, MO	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
JOHN CLAYTON YATES		NANCY E WILLIAMS		POTOSI, MO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT	
<input checked="" type="checkbox"/>				OPAL TOMPKINS	
				Address 2215 CLEVELAND GRANITE CITY ILL	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE (a) <u>Routine Investigation and</u>		
DUE TO (b) <u>Presumed to be Natural Causes</u>		
DUE TO (c) _____		
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 \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
Marvin E. Bowles Coroner	Piedmont, MO	3-17-61
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
BURIAL	3-17-61	GREENVILLE
24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.
GISH	GREENVILLE, MO	Mar. 18-1961
		26. REGISTRAR'S SIGNATURE
		Pretta M. Ward

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED

ITEM NO. SHOULD READ

Mr Galt apparently died on March 13<sup>th</sup> 1961 and  
was not found until March 15<sup>th</sup> 1961

M. E. Bowler  
Coroner Wayne Co.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by me, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed M. E. Bowler

Licensed Embalmer No. 4426

P. O. Address Pedmon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.