ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-021950

STATE FILE NUMBER

AMENDED F LED JUL 10 1961

Registration District No. 217 Primary Registration District No. 5786 Registrar's No. 41

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ohio Township
Length of stay in 1b: 10 minutes
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Comm. Hgwy.60, Birds Point
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Texas
b. COUNTY: Dallas
c. CITY OR TOWN: Garland, Texas
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 308 Washington St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First: Louise
Middle:
Last: Yates

4. DATE OF DEATH: Month: July Day: 6 Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/24/83
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Perry, Iowa
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Frederick Knell
13b. MOTHER'S MAIDEN NAME: Anna Quintard
14. NAME OF HUSBAND OR WIFE: Arthur Yates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: Paul Yates, Garland, Texas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Crushed Chest — INTERVAL BETWEEN ONSET AND DEATH: Instant
Cuts & Abrasions of Face & Head. Broken
DUE TO (b): Left arm and Broken Right leg.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Auto and truck collision
20c. TIME OF INJURY Hour: 6;10 ~~A.M.~~ P.M. Month, Day, Year: 7/6/61
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.): Highway 60
20f. CITY, TOWN, OR LOCATION COUNTY STATE: Birds Point Community, Highway 60

21. I attended the deceased from after death as Coroner to and last saw her/him alive on
Death occurred at 6:10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Elgin Merritt Coroner
22b. ADDRESS: Charleston, Mo
22c. DATE SIGNED: 7-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/10/61
23c. NAME OF CEMETERY OR CREMATORY: Garland Cemetery
23d. LOCATION (City, town, or county) (State): Garland, Texas

24. FUNERAL DIRECTOR: McMikle
ADDRESS: Charleston, Mo.
25. DATE RECD. BY LOCAL REG.: 7-6-61
26. REGISTRAR'S SIGNATURE: Dorothy B. Hathorn

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

JUL 28 1961

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 BRUCE R. AUSTIN, Student Embalmer No. 613 working under my personal supervision.

Student Bruce R. Austin
Signature of Student Embalmer

Signed Elgin McNutt

Licensed Embalmer No. 695

P. O. Address Charleston

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