

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024422

STATE FILE NUMBER

Registration District No. 59

Primary Registration District No.

Registrar's No. 129 130

FILED AUG 1 1961

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

3. NAME OF DECEASED (Type or print)	First <b>CLEADUS</b>	Middle <b>DODSON</b>	Last <b>YATES</b>	4. DATE OF DEATH	Month <b>7</b>	Day <b>24</b>	Year <b>1961</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/22/1894</b>	9. AGE (last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 24 HR Days <b>24</b>	Hours <b>1961</b>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAINTENANCE MAN K.C. CLUB</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>ELEVATOR</b>	11. BIRTHPLACE (City and state or country) <b>WINGO KENTUCKY</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>ALFRED Q YATES</b>	13b. MOTHER'S MAIDEN NAME <b>RACHEL MAJORS</b>	14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>YES WW I</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>RUTH MAJORS MAYFIELD KY.</b>	Address <b>RR 4</b>
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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 <b>INSTANT</b>
IMMEDIATE CAUSE (a) <b>MYOCARDIAL INFARCTION</b>	DUE TO (b)	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from **MARCH 15-61** to **JULY 24-61** and last saw him alive on **JULY 7-61**  
Death occurred at **10:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>W.K. Bowden</b>	(Degree or title) <b>D.O.</b>	22b. ADDRESS <b>PLEASANT HILL, MO</b>	22c. DATE SIGNED <b>7-25-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7-28-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>FT. LEAVENWORTH KAN</b>
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24. FUNERAL DIRECTOR <b>WALLACE FUNERAL HOME</b>	ADDRESS <b>PLEASANT HILL MO.</b>	25. DATE RECD. BY LOCAL REG. <b>7-27-61</b>	26. REGISTRAR'S SIGNATURE <b>Mrs Ray Seber</b>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

AUG 4 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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed James C. Wallace

Licensed Embalmer No. 3921

P. O. Address Shesapeake

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.