

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025741

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 157
FILED JUL 18 1961

Primary Registration District No. 5585

Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>NEW MEXICO</u> COUNTY <u>EDDY CO.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MADISON TOWNSHIP</u>		Length of stay in 1b <u>ACCIDENT</u>	c. CITY OR TOWN <u>CARLSBAD</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 MI. E. OF CARTHAGE ON U.S. 66</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1313 BRYAN CIRCLE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>GREGORIETTA SUE YELVINGTON</u>			4. DATE OF DEATH Month Day Year <u>JULY 14, 1961</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>3-7-50</u>
9. AGE (last birthday) <u>11</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL STUDENT</u>	11. BIRTHPLACE (City and state or country) <u>CARLSBAD, N.M.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>JAMES GREGORY YELVINGTON</u>	
13b. MOTHER'S MAIDEN NAME <u>ALMA FRANCES KINGSTON</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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>NONE</u>	17. INFORMANT Address <u>JAMES G. YELVINGTON-CARLSBAD, N.M.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SEVERE COMPOUND FRACTURE OF SKULL</u>			INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>AUTO ACCIDENT, 6 MILES EAST OF CARTHAGE ON U.S. 66</u>			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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>AUTO ACCIDENT</u>	
20c. TIME OF INJURY Hour <u>1:00</u> Month, Day, Year <u>7-14-61</u> p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. 66</u>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. 66</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>6 MILES EAST-CARTHAGE, JASPER MO.</u>	
21. I attended the deceased from <u>DID NOT</u> to _____ and last saw her alive on _____ Death occurred at <u>1 P.M. approx.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Hendell Fuhr D.P.S. CORONER</u>		22b. ADDRESS <u>JOPLIN, MISSOURI</u>	
22c. DATE SIGNED <u>7-14-61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>7-14-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>	23d. LOCATION (City, town, or county) (State) <u>JOPLIN, MISSOURI</u>
24. FUNERAL DIRECTOR <u>ULMER FUNERAL HOME-CARTHAGE</u>		25. DATE RECD. BY LOCAL REG. <u>7-14-61</u>	26. REGISTRAR'S SIGNATURE <u>Edy Clenton</u>

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 Edwin S. Shure

Licensed Embalmer No. 4955

P. O. Address Parthage, W.

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.