

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **19594**

FILED JUL 14 1951

No. 300  
10.48

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>176</u>		
1. PLACE OF DEATH a. COUNTY <u>Callaway.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ray.</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton.</u>		c. LENGTH OF STAY (in this place) <u>3 WKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Onick.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural (Onick.)</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1.</u>				d. STREET ADDRESS (If rural, give location) <u>Rural (Onick.)</u>				
3. NAME OF DECEASED (Type or Print) <u>EDWARD</u>			a. (First) <u>h.</u>	b. (Middle) <u>YATES</u>	c. (Last) <u>YATES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 7 1951</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>11-25-1879</u>		9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Store Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Benjamin Yates</u>			13b. MOTHER'S MAIDEN NAME <u>Lizzie Wells</u>		14. NAME OF HUSBAND OR WIFE <u>D.K.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>DK</u>			16. SOCIAL SECURITY NO. <u>DK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, Fulton Mo.</u> ADDRESS <u></u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure.</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4222
*Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic myocarditis.</u> DUE TO (c) _____								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>7-5-51</u> , 19 <u>51</u> , to <u>7-7-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-7-51</u> , 19 <u>51</u> , and that death occurred at <u>3:25 AM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. A. Hunter M.D.</u> (Degree or title)				23b. ADDRESS <u>Fulton Mo.</u>		23c. DATE SIGNED <u>7-7-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 8, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>South Point</u>		24d. LOCATION (City, town, or county) (State) <u>Onick Mo.</u>			
DATE REC'D BY LOCAL REG. <u>July 7, 1951</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. Wood</u>		ADDRESS <u>Onick, Mo.</u>		

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JUL - 8 1951

RECEIVED

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**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 .....  
Student Embalmer.

Signed

*Victor E. Eminger*

Licensed Embalmer No. \_\_\_\_\_

*2896*

P. O. Address \_\_\_\_\_

*Liberty, Mo*

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 this body is not embalmed, fact should be so stated above.