

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27597

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5797 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY Moniteau Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Willow Fork Month		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Walker Willow Fork 1680	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. # 1 Tipton, Mo		d. STREET ADDRESS (If rural, give location) California, MO Gen Del.	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Joseph c. (Last) Yeast			4. DATE OF DEATH (Month) (Day) (Year) Aug 13 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 4 1869	9. AGE (In years last birthday) 80	10. IF UNDER 1 YEAR (Months) (Days) Hours Min. 10 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer (Ret)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Joseph Yeast		13b. MOTHER'S MAIDEN NAME Kathrine Fischer		14. NAME OF HUSBAND OR WIFE Widowed	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Osceola Yeast Union Mo	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial Fibrillation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 wk.	
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) (Minute) 8:30 70		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 April 6, 1949, to Aug 13, 1950, that I last saw the deceased alive on Aug 13, 1950, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. R. C. Lueders		23b. ADDRESS Tipton, Mo		23c. DATE SIGNED 8-14-50	
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 8/16/1950		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetry		24d. LOCATION (City, town, or county) (State) California, Mo	
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DATE REC'D BY LOCAL REG. 8-16-1950		REGISTRAR'S SIGNATURE Mrs. Maude Hudson 203		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earl R. Bowlin California	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

680

RECEIVED 8-22-50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 8-22-50

SEP 27 1950

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Earl R. Bonlin

Signed.....
Student Embalmer

Licensed Embalmer No. 2126

P. O. Address California, In

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.