

FILED JUL 10 1969

CERTIFICATE OF DEATH

124 69 0025280

DO NOT WRITE
ON THIS STUB

9. /
10a. 15
10b.
11. /
12. 0
13. 1704
14.
15. 9
16.
17.
18. 2
19. CREDITS
20. 3-0

VS 300
Rev. 1/68

4. 0680
5. 90

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. 0680

PARENTS

CAUSE

CERTIFIER

BURIAL

Registration District No. <u>224</u>		Primary Registration District No. <u>4334</u>		Registrar's No. <u>32</u>	
DECEASED—NAME FIRST MIDDLE LAST <u>Ruby Yoder</u>			SEX <u>female</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>July 1, 1969</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <u>white</u>		AGE—LAST BIRTHDAY (YEARS) <u>15</u>	UNDER 1 YEAR MOS. DAYS <u>15</u>	DATE OF BIRTH (MONTH, DAY, YEAR) <u>May 8, 1954</u>	
CITY, TOWN, OR LOCATION OF DEATH <u>Latham</u>		INSIDE CITY LIMITS (SPECIFY YES OR NO) <u>no</u>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>Home, Star Route, Latham, Mo.</u>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <u>Ohio</u>		CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>never married</u>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <u>none</u>	
SOCIAL SECURITY NUMBER <u>none</u>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <u>none</u>		KIND OF BUSINESS OR INDUSTRY <u>none</u>	
RESIDENCE—STATE <u>Missouri</u>		COUNTY <u>Moniteau</u>	CITY, TOWN, OR LOCATION <u>Latham</u>		STREET AND NUMBER <u>Star Route</u>
FATHER—NAME FIRST MIDDLE LAST <u>Allen Yoder</u>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST <u>Katie Borntrager</u>			
INFORMANT—NAME <u>Allen Yoder</u>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>Star Route, Latham, Mo.</u>			
PART I DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18 IMMEDIATE CAUSE (a) <u>Metastatic Pulmonary Sarcoma</u>				<u>2 weeks</u>	
DUE TO, OR AS A CONSEQUENCE OF: (b) <u>Osteogenic Sarcoma Upper shoulder</u>				<u>3 mo.</u>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE, LAST					
(c)					
PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO) <u>no</u>	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <u>no</u>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) <u>no</u>		DATE OF INJURY (MONTH, DAY, YEAR) <u>no</u>	HOUR <u>no</u>	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) <u>no</u>	
INJURY AT WORK (SPECIFY YES OR NO) <u>no</u>		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <u>no</u>	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) <u>no</u>		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM <u>4 30 69</u> TO <u>7 1 69</u>		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR <u>7 1 69</u>	I DID/DID NOT VIEW THE BODY AFTER DEATH. <u>no</u>	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. <u>10:40 A.M.</u>	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.					
CERTIFIER—NAME (TYPE OR PRINT) <u>E. M. EBERHARTS</u>		SIGNATURE <u>E. M. Eberharts</u>	DEGREE OR TITLE <u>D.O.</u>	DATE SIGNED (MONTH, DAY, YEAR) <u>7-1-69</u>	
MAILING ADDRESS—CERTIFIER <u>no</u>		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP <u>no</u>			
BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		CEMETERY OR CREMATORY—NAME <u>Amish Cemetery</u>		LOCATION <u>Moniteau County, Latham, Mo.</u>	
DATE (MONTH, DAY, YEAR) <u>July 4, 1969</u>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>Schwartz Funeral Homes Inc., Versailles, Mo. 65084</u>			
FUNERAL DIRECTOR'S SIGNATURE <u>John R. Schum</u>		REGISTRAR—SIGNATURE <u>Florence H. Kelly</u>		DATE RECEIVED BY LOCAL REGISTRAR <u>July-8-1969</u>	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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 R. Lerner

Licensed Embalmer No. 4880

P. O. Address Winnell, Md.

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.