

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041137

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 442

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 5 1963

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Farmington</u>		c. CITY OR TOWN <u>Farmington</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>225 Hillsboro Rd.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>302 S. Jefferson</u>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>Willard</u>	Middle <u>Franklin</u>	Last <u>Yeager</u>	Month <u>Oct.</u> Day <u>31</u> Year <u>1963</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/31/1880</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer (retired)</u>		11. BIRTHPLACE (City and state or country) <u>Ste. Genevieve Cty. Mo. USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>Andrew Yeager</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hunt</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Dean Horton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Andrew Yeager Farmington, Mo.</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>Adenocarcinoma of Colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 mo</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)		
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 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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	

21. I attended the deceased from DEC 1962 to 10-31-63 and last saw ^{her} alive on 10-30-63
Death occurred at 10:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>C.E. Carleton, MD</u>		22b. ADDRESS <u>Farmington Mo</u>		22c. DATE SIGNED <u>11-1-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/3/1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Park View</u>	
24. FUNERAL DIRECTOR <u>C.H. Cozean</u>		ADDRESS <u>Farmington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 1, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Ether Redloff</u>					

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

NOV 13 1963

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STATEMENT BY LICENSED EMBALMER

2-08

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 *C. Morgan*

Licensed Embalmer No. 4084
P. O. Address Farmington Nw

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.