

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24107

Registrar's No. 796

FILED AUG 5 1943 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mo. Methodist Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 da
Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Louis Yeakley

3. (b) If veteran, name war No

3. (c) Social Security No. 493-10-4216

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian Gardner Yeakley

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased March 9 1906
(Month) (Dny) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>3</u>	<u>23</u>hr.min.

9. Birthplace St Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation City Fireman

11. Industry or business

MOTHER FATHER

12. Name Thomas J. Yeakley

13. Birthplace St Joseph Mo
(City, town, or county) (State or foreign country)

14. Maiden name Rosie Lee King

15. Birthplace Louisville Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian G. Yeakley

(b) Address 5215 King Hill Ave. St Joseph

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 7-5-43
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address 1946 Colhoun St.

19. (a) 7-5-43
(Date received local registrar)

(b) Rose Hezog
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 5115 King Hill Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
year 1943 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from June 28, 1943 to July 2, 1943
that I last saw him alive on July 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolus Duration 10 min

Due to.....
Due to.....

Other conditions Intestinal obstruction
(Include pregnancy within 3 months of death)
due to post-op adhesions

Major findings:
Of operations Intestinal obstruction
due to 2 adhesions of
bowel to abd. wall
Of autopsy Coronary embolus
Intestinal obstruction

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature B. T. Plummer (M. D. or other)
Address 1218 N. 3rd St. St Joseph, Mo. Date signed 7/2/43

FEB 7 1944

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.....

..... Registered Apprentice No.

working under my personal supervision.

Signed..... *Robert H. Gaylor*

Licensed Embalmer No. *3308*

P. O. Address..... *Dr. Joseph, 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.