

FILED MAR 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7556

1273

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

|   |  |   |                         |  |             |   |           |
|---|--|---|-------------------------|--|-------------|---|-----------|
| BIRTH NO. _____   |  | REG. DIST. NO. 43   |                         | PRIMARY REG. DIST. NO. 3007  |             | Registrar's No. 89  |           |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Butler</u>  |  |   |                         | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Butler</u> |             |   |           |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Poplar Bluff</u>   |  | c. LENGTH OF STAY (In this place)   |                         | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Poplar Bluff, Mo</u>  |             | 3   |           |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>122 Almond St</u>   |  |   |                         | d. STREET ADDRESS (If rural, give location)<br><u>122 Almond St</u>  |             |   |           |
| 3. NAME OF DECEASED<br>(Type or Print) <u>Charley</u>   |  |   | a. (First) <u>Yocom</u> |  | b. (Middle) |   | c. (Last) |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>3 7 1949</u>   |  | 5. SEX<br><u>Male</u>   |                         | 6. COLOR OR RACE<br><u>White</u>   |             | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>widowed</u>            |           |
| 8. DATE OF BIRTH<br><u>Feb. 6, 1887</u>   |  | 9. AGE (In years last birthday)<br><u>62</u>  |                         | 10. MONTHS<br><u>1</u>   |             | 11. DAYS<br><u>1</u>  |           |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>laborer</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY   |                         | 11. BIRTHPLACE (State or foreign country)<br><u>Willow Springs, MO</u>   |             | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                       |           |
| 13a. FATHER'S NAME<br><u>Unknown</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>   |                         | 13. NAME OF HUSBAND OR WIFE<br><u>Unknown</u>  |             |   |           |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.   |                         | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Mabel Gleason - Poplar Bluff, Mo.</u>   |             |   |           |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.           |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia Rt Lower Lobe</u>   |                         |  |             | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 days</u>                                   |           |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |                         |  |             |   |           |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                   |                         |  |             |   |           |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>490</u>  |                         |  |             | 20. AUTOPSY?<br>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) m.  |  | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:50 P</u> m., from the causes and on the date stated above. |  |   |                         |  |             |   |           |
| 23a. SIGNATURE (Degree or title)<br><u>Frank E. Anelli M.D.</u>   |  |   |                         | 23b. ADDRESS<br><u>Poplar Bluff, Missouri</u>  |             | 23c. DATE SIGNED<br><u>3/10/49</u>  |           |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  |  | 24b. DATE<br><u>3-10-49</u>   |                         | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Woodlawn</u>  |             | 24d. LOCATION (City, town, or county) (State)<br><u>Poplar Bluff, Mo</u>            |           |
| DATE REC'D BY LOCAL REG.<br><u>3/11/49</u>  |  | REGISTRAR'S SIGNATURE<br><u>[Signature]</u>   |                         | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Frank - Cabrell</u>   |             | ADDRESS<br><u>Poplar Bluff, Mo</u>  |           |

MAR 15 REC'D

Dentler Co Health Center  
No 349-18

**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.

Signed.....  
Student Embalmer

Signed

*James W. Greer*  
*2964*  
*Poplar Bluff, Mo*

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

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

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.