

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32294

State File No. _____

FILED OCT 11 1950

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 193

1. PLACE OF DEATH
 a. COUNTY Saline
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall
 c. LENGTH OF STAY (In this place) (township) 2 hours
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Fitzgibbon hospital

2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission).
 a. STATE Missouri b. COUNTY Saline 1970
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Grand Pass township 0
 d. STREET ADDRESS (If rural, give location) 2 1/2 miles S.E. Malta Bend, Mo.

3. NAME OF DECEASED
 a. (First) Daniel b. (Middle) Layton c. (Last) Yancey

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 28, 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED/WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH August 26, 1872

9. AGE (In years last birthday) 78

IF UNDER 1 YEAR Months 1 Days 2 IF UNDER 2 HRS. Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmowner

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Alexander Yancey

13b. MOTHER'S MAIDEN NAME Mary Snoddy

14. NAME OF HUSBAND OR WIFE Mary Elizabeth Yancey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. Layton Yancey, Springfield, 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) coronary occlusion, acute
 ANTECEDENT CAUSES:
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis generalized

INTERVAL BETWEEN ONSET AND DEATH about 2 hrs.
4201
?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14, 1947, to Sept 28, 1950, that I last saw the deceased alive on Sept 28, 1950, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Douglas Kelling M.D.

23b. ADDRESS Waverly, Mo.

23c. DATE SIGNED 9/29/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery

24d. LOCATION (City, town, or county) (State) Marshall, Mo.

DATE REC'D BY LOCAL REG. Sept 30 1950

REGISTRAR'S SIGNATURE Widney T. Gray

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rampelle Lewis Marshall Mo.

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

RECEIVED 10-9-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-10-50 _____

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 _____

Signed _____

Student Embalmer

Licensed Embalmer No. 1709

P. O. Address Marshall, 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.