No. 300
10.48

FILED OCT 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34279

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 4381 Registrar's No. 215

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hopkins
c. LENGTH OF STAY (in this place): 65 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hopkins
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Frances
b. (Middle): Eaton
c. (Last): Yager

4. DATE OF DEATH (Month) (Day) (Year): Oct. 23-1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 20-1880
9. AGE (In years last birthday): 70 — If under 1 year: Months, Days — If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Pittsburgh, Penn.
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: James Jackson
13b. MOTHER'S MAIDEN NAME: Jessie Gilchrist
14. NAME OF HUSBAND OR WIFE: Art. Yager
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Art Yager — ADDRESS: Hopkins, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

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.

332X

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) m.
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* 1/1/48, 19__, *to* 10/23, 1950 *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. M. Kirk (Degree or title): M.D.
23b. ADDRESS: Hopkins
23c. DATE SIGNED: 10/23/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 26-1950
24c. NAME OF CEMETERY OR CREMATORY: Hopkins
24d. LOCATION (City, town, or county) (State): Hopkins Mo

DATE REC'D BY LOCAL REG.: 10-28-50
REGISTRAR'S SIGNATURE: Ben Hall
25. FUNERAL DIRECTOR'S SIGNATURE: Stanley Swanson — ADDRESS: Hopkins Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT 30 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 myself, Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins, 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.