

FILED JAN 17 1951

STANDARD CERTIFICATE OF DEATH

State's File No. 380 Registrar's No. 2

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4061

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| 1. PLACE OF DEATH a. COUNTY CALDWELL | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY CALDWELL | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRAYMER | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRAYMER | |
| c. LENGTH OF STAY (In this place) 2 yrs | | d. STREET ADDRESS (If rural, give location) 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home | | | |

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|---|-------------------------------|---|---|---|-----------------------------|--|
| 3. NAME OF DECEASED a. (First) EARNEST b. (Middle) J. c. (Last) YANCEY | | | 4. DATE OF DEATH (Month) (Day) (Year) JAN. 6, 1951 | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH JULY 7, 1873 | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months Days | IF UNDER 24 Hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Virginia | | 12. CITIZEN OF WHAT COUNTRY? U.S. |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME JAMES YANCEY | | 13b. MOTHER'S MAIDEN NAME PHOEBE BLOSS | | 14. NAME OF HUSBAND OR WIFE Mrs. Emma Yancey | |
| 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. | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Yancey ADDRESS Braymer | |

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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 9 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis many years | | |
| | DUE TO (c) Generalized Arteriosclerosis many years | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Prostatitis many years | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4201 | | 20. AUTOPSY? 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) | | 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 **Feb. 25, 1948**, to **Jan. 6, 1951**, that I last saw the deceased alive on **Jan. 6, 1951**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE E. E. Goldberg (Degree or title) M.D. | | 23b. ADDRESS Braymer, Mo. | | 23c. DATE SIGNED 1/6/51 | |
|--|--|----------------------------------|--|--------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Jan. 9, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Wakanda | | 24d. LOCATION (City, town, or county) (State) Ray County, Mo. | |
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| DATE REC'D BY LOCAL REG. 1-10-51 | | REGISTRAR'S SIGNATURE Mrs. Nell B. Jones | | 25. FUNERAL DIRECTOR'S SIGNATURE Krupachild & Boeckering ADDRESS Hardin, Mo. | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

130

FEB 19 1951



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.

Student
Student Embalmer

Signed *August Boreheading*

Licensed Embalmer No. *4678*

P. O. Address *Hardin, 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.