

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1725

FILED FEB 5 1951

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Everton	
c. LENGTH OF STAY (In this place) 11 days		d. STREET ADDRESS (If rural, give location) Route 2	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. State Sanatorium			

3. NAME OF DECEASED (Type or Print) Lloyd	a. (First)	b. (Middle) B.	c. (Last) Yancey	4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH July 20, 1907	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 15 MINS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) not known	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas S. Yancey	13b. MOTHER'S MAIDEN NAME Wilkerson	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME Ruby Ann Wilson, Mt. Vernon, Mo.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis & tuberculous meningitis		7 yrs. 1 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		abt.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		002X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan. 15, 1951, to Jan. 26, 1951, that I last saw the deceased alive on Jan. 26, 1951, and that death occurred at 10:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. V. Bruster M.D.	23b. ADDRESS Mt. Vernon, Mo.	23c. DATE SIGNED Jan. 26, '51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 28, 1951	24c. NAME OF CEMETERY OR CREMATORY Dunkle Cemetery	24d. LOCATION (City, town, or county) (State) Lawrence Co. Mo.
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DATE REC'D BY LOCAL REG. Jan 26, 1951	REGISTRAR'S SIGNATURE Cecil Handwick 411	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Birch	ADDRESS ash Grove mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 7 5 1951

Dist. File _____

Date Filed _____

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 27 1951

Dist. File 157-227

Date Filed 1-29-52

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

Richard E. Watts

Licensed Embalmer No.

4652

P. O. Address

Ash Grove

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.