

FILED MAR 26 1951

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 8280

Registrar's No. 11.

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|--|--|---|--|---|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 142 | | PRIMARY REG. DIST. NO. 53376 | |
| 1. PLACE OF DEATH a. COUNTY Howell | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Howell | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain View | | c. LENGTH OF STAY (in this place) 54 yrs | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain View | | d. STREET ADDRESS P. # 2. |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Gallberry-Tup | | | d. STREET ADDRESS P. # 2. | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Joel | | b. (Middle) Wadell | | c. (Last) Yarber | |
| 4. DATE OF DEATH (Month) (Day) (Year) Mar 17, 1951 | | 5. SEX M | | 6. COLOR OR RACE W | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Feb 11, 1897 | | 9. AGE (In years last birthday) 54 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Mountain View, Mo | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Andrew Yarber | | 13b. MOTHER'S MAIDEN NAME Julin Ann Whitmore | |
| 14. NAME OF HUSBAND OR WIFE Minnie Yarber | | 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 Leo Yarber | | ADDRESS Mtn View, 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) | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | II. OTHER SIGNIFICANT CONDITIONS | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? never saw him | |
| 22. I hereby certify that I attended the deceased from Mar 2, 1951 , to Mar 17, 1951 , that I last saw the deceased alive on _____, 19____, and that death occurred at 2:45p m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE W. M. Mearns | | (Degree or title) M.D. | | 23b. ADDRESS Mtn View Mo | |
| 23c. DATE SIGNED 3-20-51 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3-19-51 | |
| 24c. NAME OF CEMETERY OR CREMATORY Chapel Hill | | 24d. LOCATION (City, town, or county) (State) Mtn View, Mo | | | |
| DATE REC'D BY LOCAL REG. 3/21/51 | | REGISTRAR'S SIGNATURE Laura Mitchell | | 25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home | |
| | | ADDRESS Mtn View, Mo | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.
District No.

RECEIVED, MAR 24 1951

Dist. File 351-628

Date Filed 3-24-51

STATEMENT BY LICENSED EMBALMER

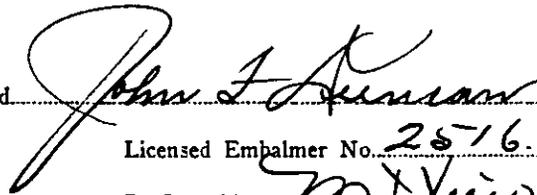
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed


Licensed Embalmer No. 2516

P. O. Address McKeesport, Pa.

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.