S. No. 300
EV. 10.48

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

FILED JUN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17034

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 269

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 63 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City 0490
d. STREET ADDRESS (If rural, give location): Rt. #1 Box 205

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): May
c. (Last): Yocum

4. DATE OF DEATH (Month) May (Day) 29, (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 15, 1887
9. AGE (In years last birthday): 63 — 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): Houseewife
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Dale
13b. MOTHER'S MAIDEN NAME: Susan Bean
14. NAME OF HUSBAND OR WIFE: Charles R. Yocum

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: Charles Yocum — ADDRESS: Webb City, Missouri

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) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 10 Min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating, the underlying cause last.
DUE TO (b) Hemorrhage — 27 hrs.
DUE TO (c) Ruptured spleen — 27 hrs.

II. OTHER SIGNIFICANT CONDITIONS*
Conditions contributing to the death but not related to the disease or condition causing death.

E9002

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: Ruptured spleen.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home - yard.
21c. (CITY, TOWN, OR TOWNSHIP): Webb City (COUNTY): Jasper (STATE): Mo
21d. TIME OF INJURY (Month) 5 (Day) 28 (Year) 51 (Hour) 9A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell on corner of box

22. *I hereby certify that I attended the deceased from* 5/28 *19*51, *to* 5/29, *19*51, *that I last saw the deceased alive on* 5-29, *19*51, *and that death occurred at* 12:06p *m., from the causes and on the date stated above.*

23a. SIGNATURE: John Ferguson
(Degree or title): MD
23b. ADDRESS: Webb City Mo
23c. DATE SIGNED: 6/1/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/1/51
24c. NAME OF CEMETERY OR CREMATORY: Forest Park Cemetery
24d. LOCATION (City, town, or county) (State): Joplin, Missouri

DATE REC'D BY LOCAL REG.: 6-8-51
REGISTRAR'S SIGNATURE: Leola Jones 138 by Leola Lamphins DR
25. FUNERAL DIRECTOR'S SIGNATURE: Thornhill-Dillon Mort. — ADDRESS: Joplin, Missouri

(Licensed Embalmer's Statement on Reverse Side)

This was reported to Deputy Coroner DD Douglas, M.D.
Pons.

RECEIVED 6-11-51
Jasper County Health Office

County File Number 51/5/473
Date Filed 6-11-51

AUG

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 Charles E. Frey

Signed .....
Student Embalmer

Licensed Embalmer No. 4768

P. O. Address Joplin, 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.