

FILED JUN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19526

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 520

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>	
c. LENGTH OF STAY (In this place) <u>61 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>308 S. DOLLISON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>308 S. DOLLISON</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH</u> b. (Middle) <u>YOAKUM</u> c. (Last) <u>YOAKUM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 10 51</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Aug - 1889</u>		9. AGE (In years last birthday) <u>61</u>		10. IF UNDER 1 YEAR Days	
11. BIRTHPLACE (State or foreign country) <u>SPRINGFIELD Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. IF UNDER 2 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>VARIED</u>		11. BIRTHPLACE (State or foreign country) <u>SPRINGFIELD Mo</u>	

13a. FATHER'S NAME <u>JOHN YOAKUM</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA YOAKUM</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Yoakum</u>	
				ADDRESS <u>308 S. Dollison</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>					
		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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?	

22. I hereby certify that I attended the deceased from 1948, 19 , to June 9, 1951, that I last saw the deceased alive on June 9, 1951, and that death occurred at 5:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Sumner A. Brown M.D.</u>		23b. ADDRESS <u>307 1/2 College</u>		23c. DATE SIGNED <u>June 13, 1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-15-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>	
				24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>	

DATE REC'D BY LOCAL REG. <u>6-15-51</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.V. Smith</u>	
				ADDRESS <u>602 N. Jefferson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1396
1300
12.48

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 Herbert V. Smith

Licensed Embalmer No. 4286

P. O. Address Springfield

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.