

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23296**
2960

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 25yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3198	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4010 East 10th street				d. STREET ADDRESS (If rural, give location) 4010 East 10th Street			
3. NAME OF DECEASED (Type or Print), MARGARET M. YOKLEY			a. (First)			b. (Middle)	
4. DATE OF DEATH July 12 1951			c. (Last)		5. SEX Female		
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH February 8, 1926		9. AGE (In years last birthday) 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Montgomery Ward		11. BIRTHPLACE (State or foreign country) U		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME T. P. Mc Court		13b. MOTHER'S MAIDEN NAME Gertrude Allen		14. NAME OF HUSBAND OR WIFE D. E. Yokley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 000--		16. SOCIAL SECURITY NO. 495-20-5853		17. INFORMANT'S SIGNATURE OR NAME ADDRESS D.E. Yokley 4010 E. 10th			
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) Fibro-sarcoma sternum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastases to lung DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 19u^h	
19a. DATE OF OPERATION 10/21/50		19b. MAJOR FINDINGS OF OPERATION Fibro sarcoma sternum				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) 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 Dec 8 , 19 49 , to July 12 , 19 51 , that I last saw the deceased alive on June 28 , 19 51 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Herbert S. Valentine M.D. (Degree or title)				23b. ADDRESS 1124 Professional Bldg. Kansas City, Mo.		23c. DATE SIGNED 7/12/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-14-1951		24c. NAME OF CEMETERY OR CREMATORY Mount St Mary's		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 7-13-51		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Blackman & Son 2825 Independence Blvd			

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

*Dr. Valentine
Prof. Berg*

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 *Bert B. Bennett*

Licensed Embalmer No. *4656*

P. O. Address *Kansas City*

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.