

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

340

State File No. ....

FILED FEB 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 104

0117

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <span style="float: right;">0117</span>	
c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>719 Pendleton Street</u>	
- d. FULL NAME OF HOSPITAL OR INSTITUTION <u>719 Pendleton Street</u>			
3. NAME OF DECEASED a. (First) <u>Ethel</u>		b. (Middle) _____	
		c. (Last) <u>Yancey</u>	
4. DATE OF DEATH <u>1 23 1952</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>3 negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 10, 1885</u>
9. AGE (In years last birthday) <u>66</u>	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) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Armstrong - Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>John Hunt</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Hughes</u>	
		14. NAME OF HUSBAND OR WIFE <u>Henry C. Yancey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Henry C. Yancey</u> ADDRESS <u>719 Pendleton St</u>			
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) <u>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) <u>Woman died suddenly without recent serious illness or disability.</u> 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 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> _____	
		21f. HOW DID INJURY OCCUR? <u>4201</u>	
22. I hereby certify that I attended the deceased <u>on 1/24</u> , 19 <u>52</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. F. Mundy M.D. (Coroner)</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>St. Joseph, Mo.</u>	
		23c. DATE SIGNED <u>1/24/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1 26 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Roanoke Mo. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Roanoke Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 28, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casey</u> ADDRESS <u>St. Joseph, Mo.</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Alexander</u> ADDRESS _____	

**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.

Signed..... *Wm. H. Alexander* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4450* .....

P. O. Address *St. Joseph, 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.