

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 28 1952

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Shelby County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarence, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarence, Mo. 1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) X	

3. NAME OF DECEASED (Type or Print) a. (First) ELMER	b. (Middle) BURNETT	c. (Last) YEOMAN	4. DATE OF DEATH (Month) (Day) (Year) 1-16-1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-4-1882	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min. 69 11 12
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Nebraska	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Isaac Yeoman	13b. MOTHER'S MAIDEN NAME Mary E. Staggs	14. NAME OF HUSBAND OR WIFE Mrs. Catherine Yeoman
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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) No X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Catherine Yeoman, Clarence, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH 30 min
	ANTECEDENT CAUSES Morbidity 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 checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from Jan 16, 1952 to Jan 16, 1952, that I last saw the deceased alive on Jan 16, 1952, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE R. L. Edgington (Degree or title) D.O.	23b. ADDRESS Clarence, Mo.	23c. DATE SIGNED 1/19/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-19-1952	24c. NAME OF CEMETERY OR CREMATORY Maplewood Cemty.	24d. LOCATION (City, town, or county) (State) Clarence, Mo.
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DATE REC'D BY LOCAL REG. 1-22-52	REGISTRAR'S SIGNATURE Ada Garrison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barkeley-Hawkins, Clarence, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1020
1-20

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

W. H. Hawkes

Signed.....
Student Embalmer

Licensed Embalmer No. *3498*

P. O. Address *S. Perkins - Me*

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.