

001 JUN 7 1952

STANDARD CERTIFICATE OF DEATH

State File No. **16886**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2273**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Marshall	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Marshalltown Iowa	
c. LENGTH OF STAY (in this place) 3 Mo		d. STREET ADDRESS (If rural, give location) 215 Young St X	
d. FULL NAME OF HOSPITAL OR INSTITUTION McClellin Hosp.			

3. NAME OF DECEASED a. (First) Thomas L. b. (Middle) _____ c. (Last) Yandell		4. DATE OF DEATH (Month) (Day) (Year) 5-18-52	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 12-24-1920	9. AGE (in years) (last birthday) 31 (If months) (Days) (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) brick mason		10b. KIND OF BUSINESS OR INDUSTRY Western Waterproofing Co		11. BIRTHPLACE (City and State or Foreign Country) Iowa
12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME J. A. Yandell	13b. MOTHER'S MAIDEN NAME Beaul Stevens	14. NAME OF HUSBAND OR WIFE Marjorie Yandell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. 29021	
		17. INFORMANT'S SIGNATURE OR NAME Marjorie Yandell	

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) Pulmonary Emboli, block		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hemorrhage resulting from skull fracture, crushing injuries of feet and abdomen - fractures		
	DUE TO (c) fall from scaffolding		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. fall from scaffolding			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 123	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Iowa
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-7-52 9:45 am	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell when scaffolding broke

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer (Degree or title) Geo. C. Kealhofer Dist. Deputy Coroner	23b. ADDRESS 2050 Broadway St S.E.	23c. DATE SIGNED 5-18-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) 5	24b. DATE May 18, 1952	24c. NAME OF CEMETERY OR CREMATORY Riverside	24d. LOCATION (City, town, or county) (State) Marshalltown, Iowa
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DATE REC'D BY LOCAL REG. 5-18-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE H. Campbell	ADDRESS Marshalltown Iowa
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(Licensed Embalmer's Statement on Reverse Side)

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

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 

Licensed Embalmer No. 1873

P. O. Address KC 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.