

FILED JUL 27 1952

STANDARD CERTIFICATE OF DEATH

State File No. 21446

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4408 Registrar's No. 205

1. PLACE OF DEATH
a. COUNTY Pettis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Pettis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smithton c. LENGTH OF STAY (In this place) 42400
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smithton 0800

d. FULL NAME OF HOSPITAL OR INSTITUTION S. W part of town d. STREET ADDRESS (If rural, give location) S. W part of town

3. NAME OF DECEASED (Type or Print)
a. (First) George b. (Middle) W c. (Last) Yeager

4. DATE OF DEATH (Month) (Day) (Year)
June 20-52

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Aug 17-52 9. AGE (In years last birthday) 43 10. 10 11. 3 12. 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic 10b. KIND OF BUSINESS OR INDUSTRY Auto Repairing 11. BIRTHPLACE (State or foreign country) Mo 12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME Geo H. Yeager 13b. MOTHER'S MAIDEN NAME Fannie Garton 14. NAME OF HUSBAND OR WIFE Helen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If so, give war or dates of service) no 16. SOCIAL SECURITY NO. 496-05-10N 17. INFORMANT'S SIGNATURE OR NAME Helen Yeager ADDRESS Smithton Mo

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary, Occlusion Acute Myocardial
ANTECEDENT CAUSES DUE TO (b) Coronary Artery Heart Disease
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 NO

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) Smithton Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 5-27-1952, to 6-21-1952, that I last saw the deceased alive on 6-18-1952, and that death occurred at 10-15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. V. Siegel MD 23b. ADDRESS Smithton Mo 23c. DATE SIGNED 6-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 23-52 24c. NAME OF CEMETERY OR CREMATORY Calvary 24d. LOCATION (City, town, or county) (State) Sedalia Mo

DATE REC'D BY LOCAL REG. 6/23/1952 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE A. F. Hermon ADDRESS Smithton

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

0800
1

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. 3912

P. O. Address Smithton 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.