

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28383**
3431

FILED AUG 15 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>20 1/2</u>	c. CITY OR TOWN <u>Kansas City</u>		3118
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1232 Washington</u>			d. STREET ADDRESS (If rural, give location) <u>1232 Washington Str.</u>		
3. NAME OF DECEASED (Type or Print) <u>Joseph</u>		a. (First)	b. (Middle)	c. (Last) <u>Yoakum</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-29-52</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>6-13-1891</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Days <u>*</u> IF UNDER 1 HRS. Hours <u>*</u> Min. <u>*</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pensioner</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Kellie Yoakum</u>		13b. MOTHER'S MAIDEN NAME <u>Birdie Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give way or dates of service) <u>Yes</u>	16. SOCIAL SECURITY "NO." <u>W.W.T.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Claude Yoakum</u>		ADDRESS <u>825 N. Valley, Kan.</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>Cause of Death Unknown</u> ANTECEDENT CAUSES Morbid 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 <u>Post Refused</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	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)	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 _____, 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 <u>Hugh H. Owens</u> (Degree or title) <u>Registrar</u>			23b. ADDRESS <u>1036 Rialto Bldg</u>		23c. DATE SIGNED <u>7-30-52</u>
24a. BURIAL, CREMATION, OR OTHER DISPOSAL <u>Final</u>	24b. DATE <u>7-31-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Military Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Leaveworth, Kan.</u>		
DATE REC'D BY LOCAL REG. <u>7-30-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Eckernacht Funeral Home: K.C. Kan.</u>		

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

AUG 18 1952

OCT 3 1952

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 B. E. Walnut
Licensed Embalmer No. 4072
P. O. Address 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.