

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29162**

FILED AUG 18 1952

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>259</u>	
1. PLACE OF DEATH a. COUNTY <u>09410</u> <u>St Francis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bonne Terre, Mo</u>		c. LENGTH OF STAY (In this place) <u>22 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Potosi RT 1 Liberty, TwnShip 0</u>		OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <u>FRANK</u> (Type or Print)			b. (Middle)		c. (Last) <u>YARBROUGH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 1 1952</u>
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 17</u>	8. DATE OF BIRTH <u>8-3-1877</u>		9. AGE (In years last birthday) <u>75</u>	10. MONTHS <u>0</u>	11. DAYS <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tiff Mines</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jeff Yarbrough</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS MARGRET COLEMAN DESOTO, MO</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>Coroner Jury Verdict: due to injuries received by walking into left side front end of automobile being driven by Clarence Murphy</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. <u>Skull Fracture</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>110 E. 8124 25</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, store, factory, street, office building, etc.) <u>Public Road</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Manical Point Washington Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Aug. 3, 1952 8:00 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Walking into automobile</u>			
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 <u>530P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Bert J. Miller</u>				23b. ADDRESS <u>3 coroner Farmington, Mo</u>		23c. DATE SIGNED <u>8/14/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL 0</u>		24b. DATE <u>8-7-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW MASONIC CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>POTOSI, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>Aug 14, 1952</u>		REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SMITH & HIGGINBOTHAM F. H. POTOSI, MO</u>			

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 *Howard C. Higginbotham*

Licensed Embalmer No. *4578*

P. O. Address *Potosi, 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.