

STANDARD CERTIFICATE OF DEATH

Rev. 10. 48

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY Cass

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

b. CITY (If outside corporate limits, write RURAL and give township) Pleasant Hill c. LENGTH OF STAY (in this place) 32 years

c. CITY (If outside corporate limits, write RURAL and give township) Pleasant Hill, Mo. 0190

d. FULL NAME OF HOSPITAL OR INSTITUTION 229 Front St

d. STREET ADDRESS (If rural, give location) 229 Front St.

3. NAME OF DECEASED a. (First) Mary b. (Middle) c. (Last) Yadon

4. DATE OF DEATH (Month) (Day) (Year) 12-18-1952

5. SEX female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 8-4-1870-2

9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Taswell, Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME D.M. Rosenbalm

13b. MOTHER'S MAIDEN NAME Emily Hearst

14. NAME OF HUSBAND OR WIFE James Yadon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Yadon Pleasant Hill, 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.

MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchieclases

INTERVAL BETWEEN ONSET AND DEATH 5 hrs 10 yrs 25 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 331X

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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 Jan 1947 to 12-18, 1952, that I last saw the deceased alive on 12-18, 1952, and that death occurred at 4:25 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS Pleasant Hill, Mo.

23c. DATE SIGNED 12-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-20-1952

24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill

24d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo.

DATE RECD BY LOCAL REG. [Signature]

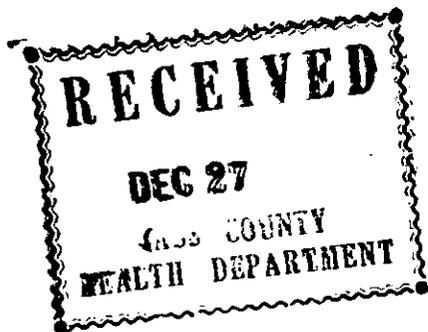
REGISTRAR'S SIGNATURE 45701 Dora Barward

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Pleasant Hill Mo

0190

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

00



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 Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill, 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.