S. No. 300
v. 10.48

1040
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4525

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6158 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Stone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lampie
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Lampie

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lampie 1040
d. STREET ADDRESS (If rural, give location): City Lampie 0

3. NAME OF DECEASED (Type or Print)
a. (First): Jess
b. (Middle): Martin
c. (Last): Yochum

4. DATE OF DEATH (Month): 1 (Day): 29 (Year): 53

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: March, 9-1892
9. AGE (In years last birthday): 60 | 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Grain
11. BIRTHPLACE (City and State or Foreign Country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jacob Yochum
13b. MOTHER'S MAIDEN NAME: Sarah Garrison
14. NAME OF HUSBAND OR WIFE: Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: OF. Scott Lampie Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis — Interval between onset and death: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Bronchitis — 7 yrs
DUE TO (c) Croupous Pneumonia — 8 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 490 x

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)

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 21, 1953, *to* Jan 29, 1953, *that I last saw the deceased alive on* Jan 29, 1953, *and that death occurred at* 11:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE L. S. Shumate **(Degree or title)** MD **23b. ADDRESS** Reeds Spring Mo **23c. DATE SIGNED** 1/31/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-2-53
24c. NAME OF CEMETERY OR CREMATORY: Mc Cullough
24d. LOCATION (City, town, or county) (State): Stone County Missouri

DATE REC'D BY LOCAL REG.: 2/2/53
REGISTRAR'S SIGNATURE: Mrs J. Elmer Brosean 317-0
25. FUNERAL DIRECTOR'S SIGNATURE: Everett A. Fuch
ADDRESS: Bergville Ark

(Licensed Embalmer's Statement on Reverse Side)

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 Everett A. Hicks

Licensed Embalmer No. 4823

P. O. Address Berryville Ark.

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.