V.S. No. 300
REV. 10.48

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2 4537

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6183 Registrar's No. _____

1050 / 1

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milan Rural
c. LENGTH OF STAY (in this place): 74 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Polk Twp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milan - Rural.
d. STREET ADDRESS (If rural, give location): Polk Twp 1050

3. NAME OF DECEASED (Type or Print)
a. (First): John Harrison
b. (Middle): Yardley
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 1 - 16 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-4-1879
9. AGE (In years last birthday): 74 — If under 1 year: Months 0, Days 12 — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: James Yardley
13b. MOTHER'S MAIDEN NAME: Jane Belt
14. NAME OF HUSBAND OR WIFE: Lena Hoffman

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: Lena Yardley — ADDRESS: Milan, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: unknown

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.

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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* — *, 19___, to* — *, 19___, that I last saw the deceased alive on* — *, 19___, and that death occurred at* 3 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. W. Grimm, M.D. Coroner (Degree or title)
23b. ADDRESS: Milan, Mo.
23c. DATE SIGNED: 1-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-19-53
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cem
24d. LOCATION (City, town, or county) (State): Milan Mo

DATE REC'D BY LOCAL REG.: Jan. 28-1953
REGISTRAR'S SIGNATURE: Mrs. H. B. Harris 320-
25. FUNERAL DIRECTOR'S SIGNATURE: Schoene's Dwight Schoene
ADDRESS: Milan-Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Dwight Schoene.

Licensed Embalmer No. 2667.

P. O. Address Mulvall 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.