

FILED MAY 8 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14598**
2049BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Rush	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Crosse 8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION 315 South Hardesty Avenue		d. STREET ADDRESS (If rural, give location) Rural	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) James c. (Last) Yeoman		4. DATE OF DEATH (Month) (Day) (Year) April 15 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Feb. 23 1868
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Portage, Wisconsin /
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY For Self	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Abraham Yeoman		13b. MOTHER'S MAIDEN NAME Rebecca T. Towner	14. NAME OF HUSBAND OR WIFE Jennie Rose Yeoman
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. None	17. INFORMANT'S SIGNATURE OR NAME K.C. MO Mrs. Alfreda Powelson 315 So. Hardesty
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) BRONCHIAL PNEUMONIA INTERVAL BETWEEN ONSET AND DEATH 3 DAYS ANTECEDENT CAUSES DUE TO (b) SENILITY YEARS DUE TO (c) CEREBRAL ARTERIO-SCLEROSIS YEARS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC BRONCHITIS YEARS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		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 Jan 1953 , to April 15, 1953 , that I last saw the deceased alive on April 13, 1953 and that death occurred at 1:20 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE R. S. Long MD		23b. ADDRESS MC 4800 E. 24th	
23c. DATE SIGNED 4-16-53			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4-16-53	
24c. NAME OF CEMETERY OR CREMATORY LA CROSSE CEMETERY		24d. LOCATION (City, town, or county) (State) LA CROSSE KANSAS	
DATE REC'D BY LOCAL REG. 4-16-53		REGISTRAR'S SIGNATURE Waldina Smith	
25. FUNERAL DIRECTOR'S SIGNATURE W. Newcomer Sons Kansas City MO		ADDRESS	

(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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address: Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.