

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **35309**

FILED OCT 27 1953

BIRTH NO. _____ REG. DIST. NO. **62** PRIMARY REG. DIST. NO. **5238** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar 0200	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Jefferson Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Jefferson Twp. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 Miles E. of Stockton		d. STREET ADDRESS (If rural, give location) 7 Miles E. of Stockton	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) HENRY	c. (Last) YOAKUM	4. DATE OF DEATH (Month) (Day) (Year) Oct. 2, 1953
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 21, 1882	9. AGE (In years from birthday) 71	IF UNDER 1 YEAR Months 1 Days 11	IF UNDER 11 HRS. Hours 11 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroader	10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (State or foreign country) Tina, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Columbus C. Yoakum	13b. MOTHER'S MAIDEN NAME Talitha Mounts	14. NAME OF HUSBAND OR WIFE Myrtle I. Yoakum
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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.	17. INFORMANT'S SIGNATURE OR NAME <i>Myrtle I. Yoakum, Stockton, Mo.</i>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>Inst.</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Wild attack 2 days previous</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Sept 30, 1953*, to *Oct. 2, 1953*, that I last saw the deceased alive on *Oct. 1, 1953*, and that death occurred at *11 A. M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS <i>Stockton Mo.</i>	23c. DATE SIGNED <i>10-2-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-5-1953	24c. NAME OF CEMETERY OR CREMATORY Alder Cemetery	24d. LOCATION (City, town, or county) (State) Cedar County, Mo.
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DATE REC'D BY LOCAL REG. 10-22-53	REGISTRAR'S SIGNATURE <i>Geneva Garrison</i>	54	25. FUNERAL DIRECTOR'S SIGNATURE <i>Centon Funeral Home</i>	ADDRESS <i>Stockton Mo.</i>
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(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 *John A. Cantlon*

Licensed Embalmer No. *4387*

P. O. Address. *Stockton, 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.