

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42602**

FILED DEC 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1127</u>			
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Greene	
b. CITY OR TOWN Springfield		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Springfield		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital				e. STREET ADDRESS (If rural, give location) RFD#1				0390	
3. NAME OF DECEASED (Type or Print) AUGUST			a. (First) _____		b. (Middle) H.		c. (Last) YAGER		
4. DATE OF DEATH December 19 1953		(Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1 October 1874		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR: Months _____ Days _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John Yager			13b. MOTHER'S MAIDEN NAME Mary Hummel			14. NAME OF HUSBAND OR WIFE Ruth Yager			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth Yager (Wife) RFD#1-Spgfd. Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction					INTERVAL BETWEEN ONSET AND DEATH 24 hr		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis					10 days		
		DUE TO (c) Arterio-sclerotic heart disease					10 yrs		
		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? 4200 YES <input checked="" type="checkbox"/> NO <input 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 <u>12-11</u> , 19 <u>53</u> , to <u>12-19</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-19</u> , 19 <u>53</u> and that death occurred at <u>8:15A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE M.D. Senter, Jr. (Degree or title)				23b. ADDRESS Med Arts Bldg Spgfd Mo		23c. DATE SIGNED 12-21-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-21-53		24c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Greene County, Mo.			
DATE REC'D BY LOCAL REG. 12-21-53		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. KLINGNER & CO. Springfield, Mo.					

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

SEP 26 1955

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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.....
Signature of Student Embalmer

Signed *Mrs. Catherine Klunzie*.....

Licensed Embalmer No. *3719*.....

P. O. Address *Spfdg W*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.