

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

**336**

State File No. ....

No. 300  
10-48

**FILED JAN 25 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 66

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Buchanan</u>	b. CITY OR TOWN <u>St. Joseph</u>	a. STATE <u>Mo</u>	b. COUNTY <u>Buchanan</u>
c. LENGTH OF STAY (in this place) <u>44 yrs</u>		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. <u>Mo. Methodist Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Rt # 6,</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>R. Yarbrough</u>	c. (Last) <u>Yarbrough</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan. 17 1954</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Feb 10, 1879</u>	<b>9. AGE</b> (In years last birthday) <u>74</u>	<b>IF UNDER 1 YEAR</b> Months <u>11</u> Days <u>7</u>	<b>IF UNDER 4 HRS.</b> Hours <u>  </u> Min. <u>  </u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Swift &amp; Co</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Marshfield Mo</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>David Lee Yarbrough</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Margaret Yarnell</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Grace Yarbrough Wife</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mo.</u> ADDRESS <u>Grace Yarbrough Rt #6 St. Joseph</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Vascular Accident</u>	<b>ANTECEDENT CAUSES</b>		<u>Ukn.</u>
<b>DUE TO (b)</b> <u>Arteriosclerotic Heart Disease</u>	<b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>Hypertrophic Osteo Arthritis with Sclerosis &amp; Hypophysis; Prostatic Hypertrophy.</u>		<u>Ukn.</u>
<b>DUE TO (c)</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>St. Joseph Buchanan Mo</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>11:45</u>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 1-20, 1952, to 1-17, 1954, that I last saw the deceased alive on 1-17, 1954, and that death occurred at 11:45 m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>W. W. [Signature]</u>	(Degree or title) <u>MD</u>	<b>23b. ADDRESS</b> <u>Tootle Building St. Joseph, Mo.</u>	<b>23c. DATE SIGNED</b> <u>1-20-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>1/20/54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>King Hill Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Joseph, Mo</u>
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<b>DATE REC'D BY LOCAL REG</b> <u>Jan 23, 1954</u>	<b>REGISTRAR'S SIGNATURE</b> <u>485-1 Nathan M. Allison</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>John E. Rupp</u> ADDRESS <u>6054 Pryor Ave</u>
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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, ~~by~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William E. Bazon*.....

Licensed Embalmer No. *2179*.....

P. O. Address *St. Joseph*.....

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.