

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4600**  
Registrar's No. **223**

FILED MAR 1 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dade</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield, Mo.</b>		c. LENGTH OF STAY (in this place) <b>5 days</b>	c. CITY OR TOWN <b>Everton</b>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>0240</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Cyrus</b>		b. (Middle)		c. (Last) <b>Yoakum</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 23, 1954</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 8, 1869</b>		9. AGE (in years last birthday) <b>85</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>unknown</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John Yoakum</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Shreeves</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Ticy Lee Yoakum</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Clara Swearengin-Springfield Mo.</b>		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerotic heart disease</b>			DUE TO (b)		
DUE TO (c) <b>Bronchopneumonia</b>			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 <b>4200</b>			20. AUTOPSY? YES <input 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 <b>Feb 18, 1954</b> , to <b>Feb 23, 1954</b> , that I last saw the deceased alive on <b>Feb 23, 1954</b> , and that death occurred at <b>8<sup>00</sup></b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Dean Cunningham, M.D.</b>			23b. ADDRESS <b>1715 Roseville Springfield Mo</b>		23c. DATE SIGNED <b>2-25-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 25, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Antioch Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Dade County Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Birch</b>		ADDRESS <b>Ash Grove Mo.</b>	
DATE REC'D BY LOCAL REG. <b>2-26-54</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Birch</b>	

VS NOV 15 1967

**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 *Richard E. Watts*

Licensed Embalmer No. *465*

P. O. Address *Ash Grove*

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.