

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

State File No. **9516**

BIRTH NO. **FILED MAR 22 1954** REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **5839** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho RR #5		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho RR #5 (Granby town) 0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If rural, give location) Neosho RR #5	

3. NAME OF DECEASED (Type or Print) a. (First) Clara	b. (Middle) Francis	c. (Last) Yoc-Key	4. DATE OF DEATH (Month) (Day) (Year) 3-10-1954
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5. SEX F	6. COLOR OR RACE W	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-20-1880	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Cotharce, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alie Miller	13b. MOTHER'S MAIDEN NAME Martha Madewell	14. NAME OF HUSBAND OR WIFE H.R. Yockey
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs H.R. Yockey	ADDRESS Neosho RR #5
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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 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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 type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Jan 2, 1954**, to **March 10, 1954**, that I last saw the deceased alive on **Mar 9, 1954**, and that death occurred at **6 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C.E. Maness M.D.	23b. ADDRESS Neosho, Mo.	23c. DATE SIGNED 3-12-54
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE Mar. 17, 54	24c. NAME OF CEMETERY OR CREMATORY Fidelity Cemetery	24d. LOCATION (City, town, or county) (State) JASPER MISSOURI
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DATE REC'D BY LOCAL REG. Mar. 13, 54	REGISTRAR'S SIGNATURE M. G. Young	25. FUNERAL DIRECTOR'S SIGNATURE F.E. Skumalek	ADDRESS Granby, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 354-43

Date Filed MAR 19 1938

MAY 18 1938

NEOSHO, MISSOURI

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 F. E. Skowmske Jr.

Licensed Embalmer No. 4923

Box 58
P. O. Address Granby, 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.