

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18252**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **101**

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY OR TOWN <b>Harrisonville</b> (If outside corporate limits, write RURAL and give township) c. CITY OR TOWN <b>Reynolds Peculiar Twp.</b>		d. In 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 <b>Memorial Hospital</b> (If not in hospital or institution, give street address or location)		e. STREET ADDRESS (If rural, give location) <b>1 mi No of Harrisonville</b>	

3. NAME OF DECEASED (Type or Print) <b>JOHN THOMAS YEATES</b>	a. (First) <b>JOHN</b>	b. (Middle) <b>THOMAS</b>	c. (Last) <b>YEATES</b>	4. DATE OF DEATH Month <b>June</b> Day <b>22</b> Year <b>1954</b>
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5. SEX <b>Male</b>	6. COLOR OF RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan 10 1871</b>	9. AGE (In years last birthday) <b>83</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Franklin Co Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Willis J Yeates</b>	13b. MOTHER'S MAIDEN NAME <b>Berena Thurman</b>	14. NAME OF HUSBAND OR WIFE <b>Bertude Yeates</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Claude A Yeates</b> ADDRESS <b>Coffville Kans</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b>		<b>2 1/2 years</b>
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Fracture RT Hip &amp; Elbow 3 weeks</b>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>334 X F</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <b>Acc, New T</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building) <b>MAY 30 1954 Pleasant View Rest Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>HARRISONVILLE CASS MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>MAY 30 1954 SA</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Jumped from window AT REST HOME - NOT DIRECT CAUSE</b>
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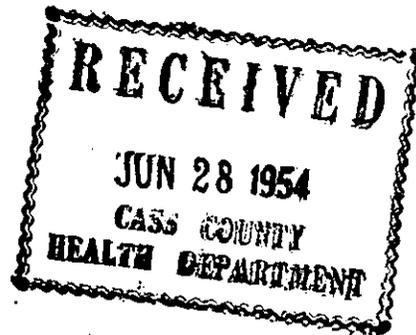
22. I hereby certify that I attended the deceased from **MAY 30, 1954**, to **JUNE 22, 1954**, that I last saw the deceased alive on **JUNE 22, 1954** and that death occurred at **10 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. J. Hargis MD</b> (Degree or Title)	23b. ADDRESS <b>Harrisonville MO</b>	23c. DATE SIGNED <b>JUNE 24 1954</b>
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24a. BURIAL, CREMA TION, OR REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 25-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mullin Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Brick MO</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>June 26 1954 Dora Barward</b>	4-7-01	25. FUNERAL DIRECTOR'S SIGNATURE <b>Rushenburgs</b> ADDRESS <b>Harrisonville MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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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.....  
*Ernest Harrison*

Licensed Embalmer No. 336

P. O. Address Harrison

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.