

FILED AUG 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4021 State File No. 22006

BIRTH NO. _____		REG. DIST. NO. <u>4021</u>		PRIMARY REG. DIST. NO. <u>2</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ladonia, Missouri</u>		c. LENGTH OF STAY (In this place) <u>4 Yrs</u>		c. CITY OR TOWN <u>Perry, Mo.</u>		d. Is 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 <u>Britton Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>0870</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Francis</u> c. (Last) <u>Yager</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 28, 1954.</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 26, 1861</u>		9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Days <u>4</u>	IF UNDER 2 HRS. Hours <u>2</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ralls County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Greeves</u>		13b. MOTHER'S MAIDEN NAME <u>Martha King</u>		14. NAME OF HUSBAND OR WIFE <u>James Douglas Yager</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Yager Perry, Missouri.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Old age & Malnutrition</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4343</u>			
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>June</u> , 18 <u>62</u> , to <u>July</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-28</u> , 19 <u>54</u> and that death occurred at <u>12:30 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William W. Jones D.O.</u>				23b. ADDRESS <u>Ladonia, Missouri.</u>		23c. DATE SIGNED <u>7-30-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-30-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Center, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>8-10-54</u>		REGISTRAR'S SIGNATURE <u>Martha T. Kemmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde C. Wisbey Perry, Missouri</u>			

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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 *Alyden Wilsey*

Licensed Embalmer No.....3820.....

P. O. Address.....Perry, Miss

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.