

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30149

State File No. ....

FILED SEP 27 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 75

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>	c. LENGTH OF STAY (In this place) <u>Days</u>	c. CITY OR TOWN <u>Nelson Rural</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>St. Joseph Hosp.</u>		• STREET ADDRESS (If rural, give location) <u>8 miles west of Pilot Grove</u>	

3. NAME OF DECEASED (Type or Print) <u>EMMETT-DABNEY-YAGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 14, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 7, 1885</u>	9. AGE (In years last birthday) <u>68</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>James Yager</u>	13b. MOTHER'S MAIDEN NAME <u>Hettie Finley</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Yager</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, no. or unknown) (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Emma Yager, Nelson, Mo</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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>operation for umbilical hernia</u>	DUE TO (b) <u>loss of appetite and extreme flatulency</u>	DUE TO (c) <u>Inability to digest food.</u>	<u>14 days</u>
II. OTHER SIGNIFICANT CONDITIONS <u>A few minutes before he expired he had been walking in the hospital hall</u>			<u>13 "</u>
			<u>15 minutes</u>

19a. DATE OF OPERATION <u>9-7-1954</u>	19b. MAJOR FINDINGS OF OPERATION <u>An umbilical hernia &amp; another 1 inch above the umbilicus</u>	20. AUTOPSY? YES <input checked="" 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) <u>5602</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 9-7, 1954 to 9-14, 1954, that I last saw the deceased alive on 9-14, 1954, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Boonville Mo</u>		23c. DATE SIGNED <u>9-16-1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept 18, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salt Fork Ceme</u>	24d. LOCATION (City, town, or county) (State) <u>Nelson Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 18, 1954</u>	REGISTRAR'S SIGNATURE <u>D. Hooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hays - Painter, Pilot Grove Mo</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 *Rayton E. [Signature]*.....

Licensed Embalmer No. *3074*

P. O. Address *Pilot Blk*.....

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.