

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36794

State File No. ....

FILED NOV 17 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5227 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Benton Twp.</u>	c. LENGTH OF STAY (in this place) <u>10 min</u>	c. CITY OR TOWN <u>Rural Benton Twp.</u>	d. Is 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 <u>2 1/2 mi N.E. of Harrisonville</u>		e. STREET ADDRESS (If rural, give location) <u>1/4 mi N of Harrisonville</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle)	c. (Last) <u>YORD</u>	d. DATE OF DEATH (Month) (Day) (Year)
				<u>Nov 3 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>Unknown</u>	9. AGE (In years last birthday) <u>Apror 65</u>	IF UNDER 1 YEAR Months   Days	IF UNDER 10 hrs. Hours   Min.
--------------------	-------------------------------	---	---------------------------------	---	----------------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Poultry</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lithuania</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
--	--	---	--

13a. FATHER'S NAME <u>Charles Yord</u>	13b. MOTHER'S MAIDEN NAME <u>Edith (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Rose Yord</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sam Yord</u>	ADDRESS <u>K.C. 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
11. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>1/201</u>

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?

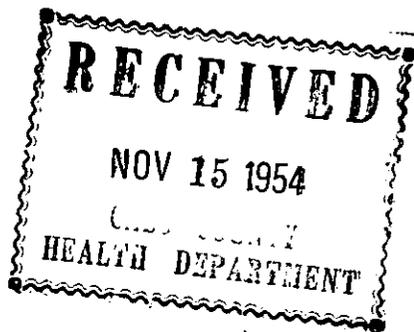
22. I hereby certify that I attended the deceased from 11-3-, 1954, to 11-3-, 1954, that I last saw the deceased alive on 11-3-, 1954, and that death occurred at 12:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward S. Jones, MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Harrisonville, Mo</u>	23c. DATE SIGNED <u>11-3-54</u>
---	-----------------------------	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/5/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. Mo</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Nov 8, 1954</u>	REGISTRAR'S SIGNATURE <u>Nora Barward</u>	457-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jr. Paulus Funeral Home</u>	ADDRESS <u>Kansas City Mo.</u>
---	---	-------	---	--------------------------------

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



---

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.....  
*Guy Buffington*

Licensed Embalmer No. 272

P. O. Address... N.C. ...

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.