

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

30419

State File No. _____

FILED OCT 13 1955

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY OR TOWN <u>Bolivar</u>		c. CITY OR TOWN <u>Bolivar</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 yr</u>		e. STREET ADDRESS (If rural, give location) <u>0840</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Died in the home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>Richard</u>	c. (Last) <u>Yeargain</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 1, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 22, 1951</u>	9. AGE (In years last birthday) <u>4</u>	# UNDER 1 YEAR Months _____ Days _____	# 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) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Richard Yeargain</u>	13b. MOTHER'S MAIDEN NAME <u>Opal Ragsdale</u>	14. NAME OF HUSBAND OR WIFE <u>Infant</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Yeargain, Bolivar, Mo.</u>	ADDRESS _____
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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 <u>11 months</u> <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary seizure</u> <u>(Hypertension)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cerebral cortical dysrhythmia</u> DUE TO (c) <u>Post-infectious encephalitis</u> <u>(post-meningitis)</u>		
	II. 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"/>
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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 1-4, 1955, to 10-1, 1955, that I last saw the deceased alive on 6-3, 1955, and that death occurred at 5:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David D. Thompson M.D.</u>	23b. ADDRESS <u>1630 N. Jefferson Springfield Mo</u>	23c. DATE SIGNED <u>10-6-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 3, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bolivar, Polk Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 8, 1955</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Pitts Funeral Home</u>	ADDRESS <u>Bolivar, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0841

1961-01

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 *Sidney J. Pitts*

Licensed Embalmer No. *49*

P. O. Address *Polina*

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.