

No. 300
10. 48

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

264

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>Most of life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Hotel Robidoux</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clifford</u>	b. (Middle) <u>P.</u>	c. (Last) <u>De Yoe</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 7th 1956</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>November 13th 1894</u>	9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>61 Yrs</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary-Treas. of</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Beaty Grocery Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bradford, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank A. DeYoe</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Dare Warren</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W. W. # 1.</u>	16. SOCIAL SECURITY NO. <u>491-10-3240</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles E. Beaty</u> City <u>City</u> ADDRESS <u>1059 N. Noyes Blvd.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bi-Chloride of Mercury, mercury poisoning.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</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) <u>Man said he took 7 or 8 tablets out of a bottle labeled Bi Chloride of Mercury.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>On Jan. 5th 1956 about 8 AM while in his hotel room.</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>On Jan. 5th 1956 about 8 AM while in his hotel room.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, street, office bldg., etc.) <u>Hotel Room</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph Buchanan Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Jan 5 - 1956 8:00 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Self administered Poisoning</u>
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22. I hereby certify that I viewed the deceased on 1/7, 1956 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>H F Mundy (Coroner) M.D.</u> (Degree or title)	23b. ADDRESS <u>St. Joseph Mo.</u>	23c. DATE SIGNED <u>1/7/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>(Burial)</u>	24b. DATE <u>January 9-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 10, 1956</u>	REGISTRAR'S SIGNATURE <u>Ethel M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Allen</u> ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1956 FEB 3

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 *Albert E. Harrington*

Licensed Embalmer No....3258...

P. O. Address St. Joseph, Mo

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.