

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1864

FILED JAN 9 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4275 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Lawrence County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marionville</u>		c. CITY OR TOWN <u>Marionville</u>	d. Is 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>30 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>312 E. O'Dell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Alva</u>	b. (Middle) <u>Monroe</u>	c. (Last) <u>Yarrington</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4, 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>married</u>	8. DATE OF BIRTH <u>Sept. 26, 1902</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Obrien County, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm. Henry Yarrington</u>	13b. MOTHER'S MAIDEN NAME <u>Mary F. Hunt</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Yarrington</u>
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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>488-16-0047</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alva Yarrington, Marionville</u>	ADDRESS <u>Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural Causes.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>They were two "strokes" about 4 years ago. - Death</u> DUE TO (c) <u>was sudden without previous symptoms. Person notified.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Symptoms. Person notified.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>334X</u>	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) (Min.)	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 only seen after death, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clara M. Hemmick, M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Crane, Mo.</u>	23c. DATE SIGNED <u>1-6-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 8, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Marionville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 6, '56</u>	REGISTRAR'S SIGNATURE <u>Ora McRatt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Swindge</u>	ADDRESS <u>Marionville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 17 1956

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 *James D. Crafton*

Licensed Embalmer No. *460*

P. O. Address *Merora, Pa*

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.