

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13970

State File No.

FILED MAY 7 1956

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5715 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JANE</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>JANE</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>2600</u>	

3. NAME OF DECEASED a. (First) <u>WALTER</u> b. (Middle) <u>ERNEST</u> c. (Last) <u>YEARGIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-18-1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>10-6-1884</u>
9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u> IF UNDER 24 HRS. Hours <u>1</u> Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>JANE MO</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>T.A. YEARGIN Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARITE HARMON</u>	13c. NAME OF HUSBAND OR WIFE <u>Chadys Yeargin</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>493-40-9816</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chadys Yeargin, JANE 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis.</u>			<u>1 year</u>
	DUE TO (c) <u>Hypertensive Heart disease</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) <u>443X</u>
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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 5-1-, 1955, to 4-18, 1956, that I last saw the deceased alive on 4-17, 1956, and that death occurred at 6:24 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A.W. Blankenship M.D.</u>	23b. ADDRESS <u>Anderson Mo.</u>	23c. DATE SIGNED <u>4-23-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>SPIAL</u>	24b. DATE <u>4-20-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WHITE ROCK CEM</u>	24d. LOCATION (City, town, or county) (State) <u>JANE MO</u>
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DATE REC'D BY LOCAL REG. <u>4-24-56</u>	REGISTRAR'S SIGNATURE <u>Marjorie Humphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.M. Humphrey</u>	ADDRESS <u>Conover Mo.</u>
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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 *Margaret E. Humphrey*

Licensed Embalmer No. *428*

P. O. Address *Piscataway*

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.