

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **589**
6
Registrar's No.

FILED JAN 23 1957

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5219**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Camp Branch		c. LENGTH OF STAY (in this place) 27 years	c. CITY OR TOWN Garden City
d. FULL NAME OF HOSPITAL OR INSTITUTION at the home		e. STREET ADDRESS (If rural, give location) 3 miles North West-Garden City	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Elizabeth	c. (Last) Yoder	4. DATE OF DEATH (Month) (Day) (Year) 1 5 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 20, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Topeka, Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joshua Kenagy	13b. MOTHER'S MAIDEN NAME Martha Yoder	14. NAME OF HUSBAND OR WIFE John B. Yoder
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mr. Walter Yoder-Garden City, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure		DUE TO (b) Uremia		2 Days
DUE TO (c) Atherosclerosis		DUE TO (b) Uremia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				8 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 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 **Jan 4, 1957**, to **Jan 5, 1957** that I last saw the deceased alive on **Jan 4, 1957**, and that death occurred at **7:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE St. Memes	23b. ADDRESS Garden City	23c. DATE SIGNED 1/857
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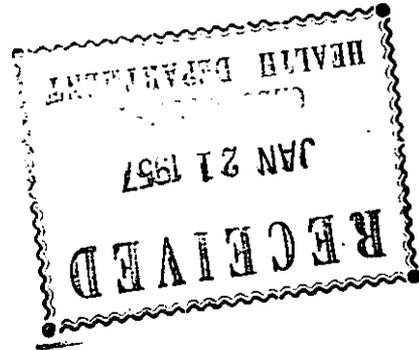
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-9-57	24c. NAME OF CEMETERY OR CREMATORY Clearfork Cemetery	24d. LOCATION (City, town, or county) (State) Garden City, Missouri
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DATE REC'D BY LOCAL REG. 1-15-57	REGISTRAR'S SIGNATURE Franklin Anderson	25. FUNERAL DIRECTOR'S SIGNATURE Franklin Anderson	ADDRESS Garden City, Mo.
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Licensed Embalmer's Statement on Reverse Side

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

457-



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.....
Bill J. Hilly

Licensed Embalmer No. *468*

P. O. Address *London City*

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.