

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1042**BIRTH NO. **1554-57** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **93**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Springfield R. 9	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Springfield Baptist Hospital		e. STREET ADDRESS (If rural, give location) 8 Miles S. of Springfield	
3. NAME OF DECEASED (Type or Print) a. (First) Debora b. (Middle) Ann c. (Last) Yarberry		4. DATE OF DEATH (Month) (Day) (Year) Jan. 24 1957	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) (Child)	8. DATE OF BIRTH Jan. 23, 1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Child)	10b. KIND OF BUSINESS OR INDUSTRY (Child)	9. AGE (In years last birthday) if UNDER 1 YEAR Months 0 Days 1 Hours 0 Min. 0	
11. BIRTHPLACE (City and State or Foreign Country) Spfg. Baptist		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Yarberry Jr.		13b. MOTHER'S MAIDEN NAME Anna Marshall	14. NAME OF HUSBAND OR WIFE Child
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Yarberry Jr. ADDRESS R. 9, Spfg. Mo.
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelge tricus Congenital INTERVAL BETWEEN ONSET AND DEATH few hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c) 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 7625		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/24, 1957 , to 1/24, 1957 , that I last saw the deceased alive on 1/24, 1957 , and that death occurred at 3:05 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Eric L. Cooney, Jr. M.D.		23b. ADDRESS 609 Cherry St. Springfield, Mo.	23c. DATE SIGNED 1/27/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-26-57	24c. NAME OF CEMETERY OR CREMATORY Rock Prairie Cemetery	24d. LOCATION (City, town, or county) (State) East of Pleasant Hope, Mo.
DATE REC'D BY LOCAL REG. 1-31-57	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Willard B. Eavin ADDRESS Bolivar, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 *Marshall C. Blackwell*

Licensed Embalmer No. *471*

P. O. Address *Bolivar*

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.