Health, Welfare Public Service

300
1-56

FILED MAR 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9289
STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. 4281 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY LEWIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CANTON — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY LEWIS
c. CITY OR TOWN LABELLE 0560 0 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Thomas Middle Lyman Last YANCEY
4. DATE OF DEATH Month March Day 5 Year 1957
5. SEX MALE 0
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct. 3, 1867
9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR Months 4 Days 29 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTORNEY
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) NEWARK, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME JAMES B. YANCEY
14. MOTHER'S MAIDEN NAME MARIA SANFORD
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Address MRS. MINNIE CADAGER, Middleton, Ohio

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — Unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1949, to March 1-1957 and last saw him alive on 3-1-57
Death occurred at 0 0 . 4 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. S. H. Roberts, DO 2
22b. ADDRESS Canton, Mo.
22c. DATE SIGNED 3-9-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 3/8/57
23c. NAME OF CEMETERY OR CREMATORY LABELLE CEMETERY
23d. LOCATION (City, town, or county) (State) LABELLE, MISSOURI

24. FUNERAL DIRECTOR J. Coder J. ADDRESS LaBelle, Mo.
25. DATE RECD. BY LOCAL REG. 3-13-57
26. REGISTRAR'S SIGNATURE P. W. Jennings, M.D.

(Licensed Embalmer's Statement on Reverse Side) E-L

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

161-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by .....Myself....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. A. Coder Jr.

Licensed Embalmer No. 432

P. O. Address LaBelle,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.