

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1957

STATE FILE NUMBER **29079**

Registration District No. **297** Primary Registration District No. **6023** Registrar's No. **91**

1. PLACE OF DEATH a. COUNTY <b>Ray</b>				2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Knoxville Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Polo, R. 7 D 42</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 miles North Knoxville</b>			Length of stay in 1b <b>5 1/2 years</b>		d. STREET ADDRESS (If outside, give location) <b>2 miles North Knoxville</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Dobbie</b> Middle <b>(w)</b> Last <b>YORKUM</b>				4. DATE OF DEATH Month <b>August</b> Day <b>10</b> Year <b>1957</b>									
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>January 3, 1901</b>		9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>7</b> Hours <b></b> Min. <b></b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeping</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>		11. BIRTHPLACE (City and state or country) <b>Ray County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13. FATHER'S NAME <b>James E. Yorkum</b>				14. MOTHER'S MAIDEN NAME <b>Rosa McEubbin</b>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Claude Yorkum Polo, Mo R. 7 D 42</b>								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b></b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Metastatic Carcinoma</b>										INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>			
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
19c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>													
19d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			19e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			19f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21. I attended the deceased from <b>6-1-57</b> to <b>8-10-57</b> and last saw her alive on <b>8-10-57</b> Death occurred at <b>5:25 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Type or Print) <b>Alvin P. Keith</b>						22b. ADDRESS <b>Polo, Mo</b>			22c. DATE SIGNED <b>8-12-57</b>				
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)						
<b>Burial</b>		<b>Aug 11, 1957</b>		<b>Catholic Cemetery</b>			<b>Ray County, Missouri</b>						
24. FUNERAL DIRECTOR <b>West-Like Funeral Home</b> <b>Richmond, Missouri</b>				ADDRESS <b>Richmond, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>Aug 17, 1957</b>		26. REGISTRAR'S SIGNATURE <b>Malcolm Jackson</b>					

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

30

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 .....  
Licensed Embalmer No. 40

P. O. Address 

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