

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3823

FILED JAN 30 1958

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

247

300  
-57

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Ohio</b> b. COUNTY <b>Stark</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>East Sparta</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Alexian Brothers</b>		Length of stay in lb <b>D.O.A.</b>	d. STREET ADDRESS (If outside, give location) <b>33</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Roy</b> Middle <b>O</b> Last <b>Yoho</b>			4. DATE OF DEATH Month <b>Jan</b> Day <b>8</b> Year <b>1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>March 26, 1898</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Ohio</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Yoho</b>	13b. MOTHER'S MAIDEN NAME <b>Ellen Johnson</b>	14. NAME OF HUSBAND OR WIFE <b>Unavailable</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>293-07-6962</b>	17. INFORMANT Address <b>Victor Yoho East Sparta Ohio</b>
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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>Coronary atherosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
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DUE TO (b) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
DUE TO (c) <b>420.1</b>		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <b>1-8-58</b> to <b>1-8-58</b> and last saw her/him alive on <b>1-8-58</b> Death occurred at <b>3:30 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Deceased's title) <b>Ernest D. Jenkins M.D.</b>	22b. ADDRESS <b>75 1/2 Lemay Drive</b>	22c. DATE SIGNED <b>1-22-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>1-9-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	23d. LOCATION (City, town, or county) (State) <b>East Sparta Ohio</b>
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24. FUNERAL DIRECTOR <b>Albert H. Hoppe 4700 Washington</b>	25. DATE RECD. BY LOCAL REG. <b>JAN 9 '58</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>
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USE ONLY BLACK INK OR RUBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or all diseases in Part I must be causally related.

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, ~~only~~....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Charles A. Sanderson

Licensed Embalmer No. 4977

P. O. Address St. Louis

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.