

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010977
STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 179

300
1-57
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <u>Pattis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pattis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hosp.</u>		Length of stay in 1b <u>18 yrs</u>	d. STREET ADDRESS <u>1020 State Fair Blvd</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Fishbach</u> Last <u>Yeaman</u>			4. DATE OF DEATH Month <u>March</u> Day <u>30</u> Year <u>1958</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 5 1902</u>		9. AGE (In years last birthday) <u>55</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>25</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Asst. Sales Mgr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chemists</u> <u>MANUFACTURING</u>		11. BIRTHPLACE (City and state or country) <u>Versailles Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Dr. M. V. P. Yeaman</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Fishbach</u>	
14. NAME OF HUSBAND OR WIFE <u>Judith Yeaman</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>510-07-7981</u>	
17. INFORMANT <u>Miss Judith Yeaman</u>		Address <u>Sedalia</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma lung Metastatic</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>180X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
INTERVAL BETWEEN ONSET AND DEATH <u>6 mon</u> <u>8 mon</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>2</u>		20c. TIME OF INJURY Hour <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Sedalia</u>		COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>6-21-57</u> to <u>3-30-58</u> and last saw ^{her} him alive on <u>3-30-58</u> Death occurred at <u>6:20 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Alvin J. Lowe MD</u>		22b. ADDRESS <u>Sedalia, Mo</u>	
22c. DATE SIGNED <u>3-31-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-1-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		23d. LOCATION (City, town, or county) <u>Sedalia</u>		(State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>McLaughlin Bros</u>		ADDRESS <u>Sedalia Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-31-1958</u>	
26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>					

SEP 29 1958

APR 23 1958

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 *K.P.M. Casey*

Licensed Embalmer No. *3153*

P. O. Address *Sedalia*

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.