

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020627

STATE FILE NUMBER

FILED MAY 20 1958

Registration District No. 336

Primary Registration District No. H494

Registrar's No. 458

300
1-57

101

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Winona</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Winona</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Length of stay in 1b <u>8 years</u>	d. STREET ADDRESS (If outside, give location) <u>Star Route</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Fred Oscar Yearwood</u>			4. DATE OF DEATH Month Day Year <u>April 22, 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>Jan. 15, 1898</u>	9. AGE (In years at birthday) <u>60</u>	IF UNDER 1 YEAR Months Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during <u>working</u> life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Winona, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Sam Yearwood</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Anderson</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Yearwood</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>no</u> unknown) (If yes, give <u>no</u> dates of service)		16. SOCIAL SECURITY NO. <u>323-03-6855</u>	17. INFORMANT Address <u>Edith Yearwood, Winona, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause peeling for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> DUE TO (b) <u>Arterio-sclerotic heart disease</u> DUE TO (c) <u>General arterio-sclerosis</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>4200</u>
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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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		STATE
21. I attended the deceased from <u>Jan 3 1958</u> to <u>Jan 13 1958</u> and last saw him alive on <u>Jan 13 1958</u> Death occurred at <u>Mo.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Harold Aldenstrom MD</u> (Degree or title)			22b. ADDRESS <u>4200 Maple Bluff Mo</u>		22c. DATE SIGNED <u>5-5-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>4/25/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion</u>		23d. LOCATION (City, town, or county) (State) <u>Winona, Missouri</u>
24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn View, Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>May 19 1958</u>	26. REGISTRAR'S SIGNATURE <u>Moabel Rosen</u>	

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 Richard A. Noster.....

Licensed Embalmer No. 5029.....

P. O. Address Mt. View.....

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.