Health, & Welfare Public Service

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S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029430
STATE FILE NUMBER

FILED AUG 26 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 400

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN Joplin — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Webb City R 1 0490 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 3 Mi. N. W. Webb City — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First CLAUDE Middle EDWARD Last YEAGER

4. DATE OF DEATH Month 7 Day 27 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 7-6-1887
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Rawlings, Wyo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Mae Yeager

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-40-0988A
17. INFORMANT Mae Yeager Address Webb City R 1, Mo.

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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 7-27-58
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis of the Coronary vessels. — unknown
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recent intestinal hemorrhage, Massive.

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 7-24-58, to 7-27-58 and last saw her/him alive on 7-27-58
Death occurred at 7-27-58 - 5P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Mabelle A. Collins (Degree or title) M.D.
22b. ADDRESS 215 Frisco Bldg. Joplin, Mo.
22c. DATE SIGNED 7-28-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-29-1958
23c. NAME OF CEMETERY OR CREMATORY Howard Cemetery
23d. LOCATION (City, town, or county) Carl Junction (State) Mo.

24. FUNERAL DIRECTOR Don Roneym ADDRESS Carl Jct., Mo.
25. DATE RECD. BY LOCAL REG. 8-26-1958
26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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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 Idwey E. Amce

Licensed Embalmer No. 4463

P. O. Address NEW City

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.