

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009764
STATE FILE NUMBER
1193

MAR 19 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen. Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>3219 E 20th</u>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>W</u> Last <u>YOCUM</u>		4. DATE OF DEATH Month <u>3</u> Day <u>2</u> Year <u>59</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. 30, 1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chef</u>		11. BIRTHPLACE (City and state or country) <u>Dennison, Texas</u>	
13a. FATHER'S NAME <u>John W. Yocum</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Ava May Yocum</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>		17. INFORMANT <u>Lula Ava May Yocum</u> Address <u>3219 E. 20th. St.</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>Diabetes mellitus & gangrene of right leg</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bilateral Broncho Pneumonia & emphysema</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from <u>1-28-59</u> to <u>3-2-59</u> and last saw him alive on <u>3-2-59</u> Death occurred at <u>8:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>3-3-59</u>	
22a. SIGNATURE (Degree or title) <u>Abraham Gelpert</u> c.		22b. ADDRESS <u>Gen. Hosp.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Cemetery</u>	
23b. DATE <u>Mar. 5, 1959</u>		23d. LOCATION (City, town, or county) (State) <u>Manhattan, Kansas</u>	
24. FUNERAL DIRECTOR <u>Eatp & Sons 4707 Truman Rd. K. C. Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Ilova Marshall</u>	
25. DATE RECD. BY LOCAL REG. <u>3-4-59</u>			

Abraham Gelpert, M.D. Only Black Ink or Ribbon Type Write if Possible
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, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *William H. Earp*

Licensed Embalmer No. *4728*

P. O. Address *H. C. Mo.*

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.