

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010181  
STATE FILE NUMBER

FILED MAR 26 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 85

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hannibal</u> <u>0644</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>Residence 900 Georgia</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>900 Georgia</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES ALBERT YARBROUGH</u>			4. DATE OF DEATH Month Day Year <u>March 17, 1959</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>January 17, 1892</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City Street Department</u>	11. BIRTHPLACE (City and state or country) <u>Gunnison Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	

13a. FATHER'S NAME <u>George William Yarbrough</u>		13b. MOTHER'S MAIDEN NAME <u>Katie Elliott</u>		14. NAME OF HUSBAND OR WIFE <u>Annie F. Daulton</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>352 10 6700</u>	17. INFORMANT Address <u>Mrs. C. A. Yarbrough Hannibal Missouri</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>Myocardial Infarct</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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. 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 COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at <u>9:00 P.M.</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) <u>Robert J. Lanning, M.D.</u>		22b. ADDRESS <u>Hannibal, Mo</u>		22c. DATE SIGNED <u>3/19/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>March 20, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Grand View Burial Park</u>	
				23d. LOCATION (City, town, or county) <u>Hannibal Missouri</u>	

24. FUNERAL DIRECTOR ADDRESS <u>A. Crawford Smith, Hannibal Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>3-23-59</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By W. C. Fisher</u>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *H. Crawford Smith* .....

Licensed Embalmer No. 3614 .....

P. O. Address .... Hannibal, Missouri

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.