

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010553

STATE FILE NUMBER

FILED MAR 17 1959

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 35

300
1-57

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
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Knoxville Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Polo</u>
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION <u>Knoxville</u>		length of stay in lb <u>80 years</u>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. #2</u>
3. NAME OF DECEASED (Type or print) First <u>Rosa</u> Middle <u>(n)</u> Last <u>Yoakum</u>		4. DATE OF DEATH Month <u>March</u> Day <u>5</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 8, 1870</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>88</u> Days <u>10</u> Hours <u>27</u>
10a. FATHER'S NAME <u>Pleas McCubbin</u>		10b. MOTHER'S MAIDEN NAME <u>Sarah Cook</u>	10. BIRTHPLACE (City and state or country) <u>Ray County, Missouri</u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		11. SOCIAL SECURITY NO. <u>None</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. NAME OF HUSBAND OR WIFE <u>James Yoakum</u>		14. NAME OF HUSBAND OR WIFE <u>James Yoakum</u>	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u>		<u>many years</u>	
DUE TO (c) <u>General Arteriosclerosis</u>		<u>many years</u>	
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.) <u>—</u>	
20c. TIME OF INJURY Hour <u>—</u> Month, Day, Year <u>—</u> 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.) <u>—</u>		20f. CITY, TOWN, OR LOCATION <u>—</u>	
21. I attended the deceased from <u>Feb. 2, 1955</u> to <u>Mar. 5, 1959</u> and last saw him/her alive on <u>Feb. 19, 1959</u> Death occurred at <u>11:25 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>D.E. Goldberg M.D.</u>	
22b. ADDRESS <u>Braymer, Mo.</u>		22c. DATE SIGNED <u>3/10/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>March 8, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bethel</u>
23d. LOCATION (City, town, or county) <u>Ray County, Missouri</u>		23e. STATE <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>Quest-Life Funeral Home</u> ADDRESS <u>Richmond, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>3-11-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>		26. REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>	

10/11

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 *George J. ...*

Licensed Embalmer No. *4066*

P. O. Address *Richmond*

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.