

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016562

STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 359 Primary Registration District No. 6220 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Nemour</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nemour</u>	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>HAZARDISON TWP Arcadia, Kans</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>1880 Arcadia, Kansas</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.F.D. No 2</u>		Length of stay in lb <u>50 years</u>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. No 2</u>
3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>YEOS</u> Last <u>YEOS</u>			4. DATE OF DEATH Month <u>April</u> Day <u>24</u> Year <u>1959</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 3, 1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen Farming</u>	9. AGE (In years last birthday) <u>83</u>
11. BIRTHPLACE (City and state or country) <u>Arcadia, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Yeos</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Ritter</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Yeos</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Minnie Yeos</u> Address <u>Arcadia, Kans</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>Coronary occlusion</u> DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>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>4201</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>11/10/1950</u> <u>4/24</u> and last saw her alive on <u>4/24/59</u> Death occurred at <u>8 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>Allen W Sandidge MD</u>		22b. ADDRESS <u>Mulberry, Kans</u>	22c. DATE SIGNED <u>4/30/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>April 27, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Old Arcadia</u>	23d. LOCATION (City, town, or county) (State) <u>Arcadia Kansas</u>
24. FUNERAL DIRECTOR <u>N.J. Monahan</u> ADDRESS <u>Arcadia, Kans</u>		25. DATE RECD. BY LOCAL REG. <u>May 1 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Ruth Faith</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms were observed.

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~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed M. J. Mooneyhan

Licensed Embalmer No. 3616

P. O. Address Aradia, N.Y.

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.