Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-018179
STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Webb City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Jane Chinn Hospital — Length of stay in 1b 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Webb City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 525 West 3rd. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Clarence Middle: Russell Last: Yocum Jr.

4. DATE OF DEATH Month: June Day: 3 Year: 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH June 2, 1959

9. AGE (In years last birthday) IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 18 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) Webb City Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Clarence Russell Yocum

13b. MOTHER'S MAIDEN NAME Joan Letterman

14. NAME OF HUSBAND OR WIFE None

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. None

17. INFORMANT Clarence Yocum Address Webb City Missouri

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) Acute Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Medullary Paralysis — 18 hours
DUE TO (c) Anomalous development of Fetus
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7593

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 6-2-59, to 6-3-59 and last saw him alive on 6-3-59
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C F Gregory (Degree or title) DO

22b. ADDRESS 624 W. Broadway, Webb City, Mo.

22c. DATE SIGNED 6-3-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE June 5, 1959

23c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery

23d. LOCATION (City, town, or county) (State) Webb City, Mo.

24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home, Webb City Mo.

25. DATE RECD. BY LOCAL REG. 6-5-59

26. REGISTRAR'S SIGNATURE Mrs. Madeline Sintzer

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

C.F. Gregory-D.O.

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 Richard Troy Lewis

Licensed Embalmer No. 4405

P. O. Address Webb 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.