

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018751  
STATE FILE NUMBER

FILED MAY 27 1959

Registration District No. 290 Primary Registration District No. \_\_\_\_\_ Registrar's No. 62

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-57  
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1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Waynesville, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Waynesville, Mo</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None.</b>		Length of stay in lb <b>22 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>None.</b> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Noel.</b> Middle <b>E.</b> Last <b>Yeary.</b>			4. DATE OF DEATH Month <b>May</b> Day <b>19</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 15, 1917</b>
9. AGE (In years last birthday) <b>41</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Self-employed.</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <b>Conway, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Everett E. Yeary.</b>	
13b. MOTHER'S MAIDEN NAME <b>Mabel Edith Ousley.</b>		14. NAME OF HUSBAND OR WIFE <b>Ruth. Yeary.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown.</b>	17. INFORMANT <b>Mr. E.E. Yeary</b> Address <b>Waynesville, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Cirrhosis of liver</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) <b>581C</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 months</b> <b>3 yrs</b>
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 _____ 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 _____ <b>5-19-59</b> to _____ <b>5-19-59</b> and last saw <sup>him</sup> <b>alive</b> on _____ <b>5-19-59</b> Death occurred at _____ <b>3:00</b> P. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>T. Miller M.D.</b>	
22b. ADDRESS <b>Waynesville, Missouri</b>		22c. DATE SIGNED <b>5-20-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/21/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Way. Memorial Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Waynesville, Mo</b>
24. EMPLOYER'S ADDRESS <b>Heckes Funeral Home Way, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>5-21-59</b>	26. REGISTRAR'S SIGNATURE <b>Paula Mae Anderson</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 27 1959

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 *Clarence Fross* .....

Licensed Embalmer No. *4896* .....

P. O. Address *Weyersville, Pa.* .....

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.