

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 11 1959

59-043074

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Stone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Stone</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lampel. Mo.</u>		Length of stay in 1b <u>yes</u>	c. CITY OR TOWN <u>Lampel. Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle _____ Last <u>Yalcum</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>26</u> Year <u>1959</u>		
5. SEX <u>m</u>	6. COLOR OR RACE <u>wh</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>July 15 1884</u>	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months <u>4</u> Days <u>11</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and state or country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13. FATHER'S NAME <u>Cal Yalcum</u>		13b. MOTHER'S MAIDEN NAME <u>Hildred Gibson</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Nalan Yalcum</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>561-30-2479</u>	
17. INFORMANT <u>Mrs. Nalan Hilda Yalcum</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>Turned fall -</u> DUE TO (b) <u>gunshot accident -</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>None</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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>Ran into tree.</u>		
20c. TIME OF INJURY Hour <u>1:30</u> a.m. _____ p.m. _____ Month, Day, Year <u>Nov 26 59</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on road</u>	
20f. CITY, TOWN, OR LOCATION <u>Stone Co. Mo.</u>		21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>1:30 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>[Signature]</u>		22b. ADDRESS <u>Yama Mo</u>		22c. DATE SIGNED <u>28 Nov 1959</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 30/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blue Eye</u>		23d. LOCATION (City, town, or county) <u>Blue Eye Mo.</u>
24. FUNERAL DIRECTOR <u>Everett J. Cheatham</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 29 - 59</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Bussan</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Emmett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena

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.