

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003078

FILED VS FEB 2 1960

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 31

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST. FRANCOIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) ST. FRANCOIS TWP. FARMINGTON - RURAL		Length of stay in lb	c. CITY OR TOWN FARMINGTON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD#2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS RFD#2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MAGGIE Middle DEAN Last YEAGER			4. DATE OF DEATH Month JANUARY Day 25 Year 1960		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/7/1881	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) STE. GENEVIEVE CO. Mo. U.S.A.	
13a. FATHER'S NAME THOMAS HORTON		13b. MOTHER'S MAIDEN NAME FRANCES HORTON		14. NAME OF HUSBAND OR WIFE WILLARD F. YEAGER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT WILLARD F. YEAGER, FARMINGTON, MO. 2 Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease DUE TO (b) Generalized arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs 10 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Intracranial Aneurysm.				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Aug 1955 to 1-25-60 and last saw her ^{alive} on 1-25-60 Death occurred at 5:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. E. Carleton MD (Degree or title)		22b. ADDRESS Farmington Mo		22c. DATE SIGNED 1-27-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN. 28, 1960		23c. NAME OF CEMETERY OR CREMATORY PARKVIEW	
23d. LOCATION (City, town, or county) FARMINGTON, MO.		23e. DATE RECD. BY LOCAL REG. Jan. 27, 1960		23f. REGISTRAR'S SIGNATURE Ether Rudloff	
24. FUNERAL DIRECTOR C. H. COZEAN, FARMINGTON, MO. ADDRESS					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MO (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 408

P. O. Address Fern

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.