

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS FEB 25 1960

=60-009106

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2** 1910 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 7 days	c. CITY OR TOWN FARMINGTON Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RURAL ROUTE #1 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) DONALD RAY YARBERRY	First Middle Last	4. DATE OF DEATH FEBRUARY 17 1960	Month Day Year
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5. SEX MALE	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 1925	9. AGE (last birthday) 34	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEST DESK MAN	10b. KIND OF BUSINESS OR INDUSTRY TELEPHONE COMPANY	11. BIRTHPLACE (City and state or country) ARK. USA	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME R. D. YARBERRY	13b. MOTHER'S MAIDEN NAME (UNKNOWN)	14. NAME OF HUSBAND OR WIFE BILLIE YARBERRY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES	16. SOCIAL SECURITY NO. YES	17. INFORMANT BARNES HOSPITAL ST. LOUIS, MO.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) THROMBOSIS OF BASILAR ARTERY		INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
DUE TO (b) THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY		2 WEEKS
DUE TO (c) 332x		
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 checked="" type="checkbox"/> NO <input 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.)
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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
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21. I attended the deceased from FEB. 10, 1960 to FEB. 17, 1960 and last saw her/him alive on FEB. 17, 1960 Death occurred at 9:30 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>C. O. Mellicham, M.D.</i>	(Degree or title) M. D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 2/18/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 2/19/1960	23c. NAME OF CEMETERY OR CREMATORY ARKANSAS CEMETERY	23d. LOCATION (City, town, or county) (State) FARMINGTON, ARKANSAS
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24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEAW ST. ST. LOUIS, MO.	25. DATE RECD. BY LOCAL REG. FEB 18 1960	26. REGISTRAR'S SIGNATURE <i>Roald Smith, M.D.</i>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

JAMES W. BROWN

1961 5

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Eric C. Branson

Licensed Embalmer No. 4-769

P. O. Address St. Louis

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.