

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014574

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 247 Primary Registration District No. 5839 Registrar's No. 10

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

FILED MAY 1 1961

1. PLACE OF DEATH
a. COUNTY Newton

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Newton

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Granby Township Length of stay in 1b years

c. CITY OR TOWN Granby Township Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Rt #1 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Harry Reginal Yockey

4. DATE OF DEATH Month Day Year April 20, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 3-17-1880 9. AGE (last birthday) 81

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) Painter & Paper Hanger 10b. KIND OF BUSINESS OR INDUSTRY Interior 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Yockey 13b. MOTHER'S NAME Deborah UK 14. NAME OF HUSBAND OR WIFE deceased

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. None 17. INFORMANT Ronald McDermott Address Granby, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Failure INTERVAL BETWEEN ONSET AND DEATH 2 weeks
DUE TO (b) AORTIC INSUFFICIENCY 3 years
DUE TO (c) GENERALIZED ARTERIOsclerosis 10 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Vascular Accident - Senility

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 Month, Day, Year a.m. p.m.

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 APRIL 2 to APRIL 20 and last saw ^{her}him alive on APRIL 17, 1961
Death occurred at 4:07 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Delores Musselman M.D. 22b. ADDRESS 136 Main St Granby Mo 22c. DATE SIGNED 4-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-22-1961 23c. NAME OF CEMETERY OR CREMATORY Fidelity Cemetery 23d. LOCATION (City, town, or county) (State) 6 m. n. of Diamond, Mo.

24. FUNERAL DIRECTOR ADDRESS Shewmake Funeral Home Granby, Mo. 25. DATE RECD. BY LOCAL REG. Apr 21, 1961 26. REGISTRAR'S SIGNATURE M. B. Young

MAY 10 1961

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 Floyd E. Stenmabed.

Licensed Embalmer No. 4923
P. O. Address Box 58 Granby, Me

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.