

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16413

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4197		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry, Missouri			c. LENGTH OF STAY (In this place) 4 Mo	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Star			0320
d. FULL NAME OF HOSPITAL OR INSTITUTION Monroe Nursing Home				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print)		a. (First) Alice Clarinda		b. (Middle) Yancy		c. (Last)	
4. DATE OF DEATH		(Month) May		(Day) 13		(Year) 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH May 19, 1866		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 0
IF UNDER 6 HRS. Days 6	Hours	Min.	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 (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Nathian Blankenship			13b. MOTHER'S MAIDEN NAME Sarah Kerns			14. NAME OF HUSBAND OR WIFE George Yancy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Vergie Petty			
ADDRESS Amity, Missouri		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) - Cancer Uterus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 174X					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 12</u> , 1950, to <u>May 13</u> , 1950, that I last saw the deceased alive on <u>May 13</u> , 1950, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Paul C. Munselma (Degree or title)				23b. ADDRESS Stanberry Mo		23c. DATE SIGNED 3/13/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 15, 1950	24c. NAME OF CEMETERY OR CREMATORY Union Chapel		24d. LOCATION (City, town, or county) (State) Oak, Missouri		
DATE REC'D BY LOCAL REG. May 17 - 1950		REGISTRAR'S SIGNATURE Edith Childs 430		25. FUNERAL DIRECTOR'S SIGNATURE Roland D. Clark		ADDRESS King City	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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.

Signed _____
Student Embalmer

Signed Poland H. Clark

Licensed Embalmer No. 4477

P. O. Address King City

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 this body is not embalmed, fact should be so stated above.