

REC'D AUG 10 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25573

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
 (b) Township Madison Primary Registration District No. 3020 Registered No. McCune-Brooks Hospital  
 (c) City Carthage (d) Street No. McCune-Brooks Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rodney Dale Yocam

(a) Residence, No. Burcell Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 2 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper County Mo.

FATHER 13. NAME Claude Yocam

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alva Mo.

MOTHER 15. MAIDEN NAME Bertha McParland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ot. Scott Kansas

17. INFORMANT (ADDRESS) Claude Yocam Burcell, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burcell Cemetery DATE July 31, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Knell Mortuary Carthage, Mo.

20. FILED July 30, 1938 E. J. McIntire, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1938, to July 29, 1938. I last saw him alive on July 29, 1938. Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction with gangrenous bowel - "Intussusception" Date of onset 7/28/38

Other contributory causes of importance: 22/21

Name of operation Bowel resection Date of 7/28/38

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...  
 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George H. Wood, M. D.

(Address) Carthage Mo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Wood

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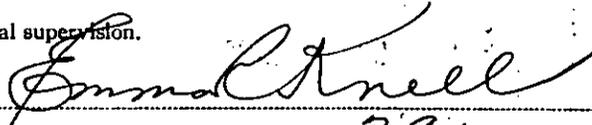
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....



Licensed Embalmer No. ....

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P. O. Address .....

**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, above space should be left blank.**