

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29448

State File No.

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 173

1. PLACE OF DEATH

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution 817 S. Williams
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution no.
In this community Life
years, months or days (Specify whether)

8. (a) PRINT FULL NAME WILLIAM HENRY YEAKY

3. (b) If veteran, name war no. (c) Social Security No. 486-12-3714

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mable Yeakey 6. (c) Age of husband or wife if alive 1879 years

7. Birth date of deceased May - 14 - 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 12 hr. min.

9. Birthplace Henderson Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet Maker

11. Industry or business

MOTHER, FATHER { 12. Name Daniel Webster Yeakey
13. Birthplace Geneva Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Aburn
15. Birthplace Smith Mills Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Lucile Compton

(b) Address 817 S. Williams Moberly

17. (a) Burial (b) Date thereof Aug - 27 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Engel Funeral Home

(b) Address 215 S. 4th Moberly Mo.

19. (a) Aug 27 - 40 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 817 S. Williams
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26th
year 1940 hour Eight minute — AM.

21. I hereby certify that I attended the deceased from Aug 26, 1940
Aug 26 1940 until Aug 26 1940
that I last saw him alive on Aug 26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Septic Cerebral thrombosis
(Cerebral)

Due to arterio sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations FFW

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

925 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature Loe Sickel (M. D. or other) _____
Address Moberly, Mo. Date signed Aug 26

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 9-40-1822

Date Filed SEP 18 1940

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~~ and
J. E. Barnes #2414, Registered Apprentice No. _____
working under my personal supervision.

Signed

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly Mo.

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.