

FILED JUL 14 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

21243

Registration District No.

50

Primary Registration District No.

5176

Registrar's No.

18

## 1. PLACE OF DEATH:

(a) County Camden Co.  
 (b) City or town Richland, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Bureau Engleize  
 (If not in hospital or institution, write street number or location) Richland  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_ years, months or days) 1

## 3. (a) PRINT FULL NAME

JAMES C. YADON

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. no

4. Sex MC 5. Color or race W 6. (a) Single, widowed, married, divorced M  
 6. (b) Name of husband or wife Lada Yaden 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb 23 1855  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89. 2 2- hr. min.

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

10. Usual occupation Farmer & Minister

11. Industry or business \_\_\_\_\_

12. Name Preston Yaden

13. Birthplace unknown  
 (City, town, or county) (State or foreign country)

14. Maiden name Clamings

15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) Bureau (b) Date thereof 4/26/44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richland

18. (a) Signature of funeral director M. S. Deeper

(b) Address Richland Mo.

19. (a) June 17-44 (b) Emil Nelson  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Camden  
 (c) City or town Richland  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Engleize Sup. Bureau  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 24  
 year 1944 hour 8 minute 15 am.

21. I hereby certify that I attended the deceased from 3-10  
44, 1944 to 4-8- 1944  
 that I last saw h. alive on 4-8- 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy none

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) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature R. E. Howlett (M. D. or other)

Address Richland Mo. 4-16-44 Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 7,  
District File Number 6-44-848  
Date Filed 7-13-44

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. 3198

P. O. Address.....

Richland 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, fact should be so stated above.