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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 17 1948

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16077

Primary Registration District No. 5466

Registrar's No. 386

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural—South Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
OZARK OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town Stockton - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

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3. (a) PRINT FULL NAME Charles Blain Yancey

3. (b) If veteran, name war Unknown

3. (c) Social Security No. unknown

4. Sex M 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 18 (Day) 1876 (Year)

8. AGE: Years 71 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Cedar County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer - Carpenter

11. Industry or business

FATHER
12. Name Tom Yancey
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Roy Turner

(b) Address Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/48 (Month) (Day) (Year)

(c) Place: burial or cremation Stockton, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 5-7-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5-4-48, 19__, to 5-7-48, 19__; that I last saw him alive on 5-7-48, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Medullary paralysis

Due to Liver toxemia

Due to Chole cystectomy

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature William L. Hoyt (M.D. or other) D.O.

Address Springfield Mo. Date signed 5-7-48

(Licensed Embalmer's Statement on Reverse Side)

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 Walter E. Hamelles

Licensed Embalmer No. 3808

P. O. Address Springfield 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.