DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1948

Registration District No. 7

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3008

State File No. 22385

Registrar's No. 199

1. PLACE OF DEATH:

(a) County: Callaway

(b) City or town: Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Callaway County Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 17 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Callaway 14

(c) City or town: Fulton 0
(If outside city or town limits, write "RURAL")

(d) Street No.: R. F. D. # 3 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: Francis David Yancey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Lela

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: June (Month) 16 (Day) 1889 (Year)

8. AGE: Years 59 Months 0 Days 15 If less than one day hr. min.

9. Birthplace: Fulton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Meat Cutter

11. Industry or business

FATHER
12. Name: G. T. Yancey
13. Birthplace: Callaway Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Elmira Jennings
15. Birthplace: Callaway Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Lela Yancey
(b) Address: Fulton, Mo R.F.D.# 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest

18. (a) Signature of funeral director: Wallace Funeral Home
(b) Address: 7 W 6th St. Fulton, Mo.

19. (a) 7-8-1948 (Date received local registrar) (b) Josie Moseley (Registrar's signature)

0 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1948 hour 10 minute 7 a.m.

21. I hereby certify that I attended the deceased from June 14 1948 to July 1st 1948 that I last saw him alive on July 1st 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: a Hemorrhage internal. Probably a pulmonary Embolism — Duration

Due to: following an appendectomy of 18 day previous.

Due to: He had an acute phlebitis of one leg following the operation

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation: Appendectomy Ruptured appendix + peritonitis

Of autopsy

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: 0

Signature: R M Lewis (M. D. or other)

Address: Fulton Mo

Date signed: 7-2-48

RECEIVED
District Health Officer No. 9,
District File Number JUL 20 1948
Date Filed AUG 20 1948

NOV 26 1948

APR 30 1952

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 Walter J. Haines, Jr., Registered Apprentice No. 82 working under my personal supervision.

Signed Denzil C. Browning

Licensed Embalmer No. 2224

P. O. Address Fulton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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