No. 300
10-48

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

FILED JAN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39317
State File No.

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5088 Registrar's No. 117

7 0 0

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Appleton City (Rural)
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): No

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Hudson
d. STREET ADDRESS (If rural, give location): 10 miles S.W. of Appleton City

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle):
c. (Last): Yoho

4. DATE OF DEATH (Month) (Day) (Year): Dec. 21 1948

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Feb. 17 - 1885
9. AGE (In years last birthday): 63 — If under 1 year: Months 10, Days 4; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Reg. Nurse
10b. KIND OF BUSINESS OR INDUSTRY: [redacted]
11. BIRTHPLACE (State or foreign country): Georgetown, Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: William Yoho
13b. MOTHER'S MAIDEN NAME: Flora Merryfield
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 511-22-4912
17. INFORMANT'S SIGNATURE OR NAME: Elson Yoho — ADDRESS: Appleton City

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4620

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinoma of abdomen — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Pancreas — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. obstruction of Common Bile duct.

19a. DATE OF OPERATION: Sept. 1948
19b. MAJOR FINDINGS OF OPERATION: same as above.
20. AUTOPSY? YES ☐ NO. ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/15, 1948, *to* 12/21, 1948, *that I last saw the deceased alive on* 12/21, 1948, *and that death occurred at* 8:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. O. Bjerke, D.O.
23b. ADDRESS: Rockville, Mo.
23c. DATE SIGNED: 12/23/48

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-24-48
24c. NAME OF CEMETERY OR CREMATORY: Appleton City Cemetery
24d. LOCATION (City, town, or county) (State): Appleton City, Mo.

DATE REC'D BY LOCAL REG.: 12-29-48
REGISTRAR'S SIGNATURE: Kendall Kersey
25. FUNERAL DIRECTOR'S SIGNATURE: Dean Eckley — ADDRESS: Appleton City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1949

RECEIVED
District Health Officer No. 7
District File Number 12-48-1549
Date Filed 1-5-49

JAN 27 1949

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, M

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.