FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39350

FILED DEC 22 1948

Registration District No. 38 — Primary Registration District No. 3006 — Registrar's No. 315

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 213 ~~218~~ West Ash / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 23 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2 (If outside city or town limits, write "RURAL")
(d) Street No. 310 N. Williams 4 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Louella Yake
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Wid 2
6. (b) Name of husband or wife John H Yake
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec. (Month) 1 (Day) 1860 (Year)

8. AGE: Years 88 Months 10 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Fulton (City, town, or county) Mo. (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Craigo
13. Birthplace D.K. (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name D K
15. Birthplace D K (City, town, or county) (State or foreign country) 9

16. (a) Informant Miss Charles R Morris
(b) Address R.F.D. 1 Stephens Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest Fulton Mo
18. (a) Signature of funeral director Wallace Funeral Home
(b) Address Fulton Mo.
19. (a) 12-13-48 (Date received local registrar) (b) Mrs. R.E. Palmer (Registrar's signature) 21

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-13 day ..... year 1948 hour ..... minute 5 P.M.

21. I hereby certify that I attended the deceased from Dec. 7, 1948, to Dec. 13, 1948 that I last saw her alive on Dec. 8, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Hypertension and Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

830

PHYSICIAN — Underline the cause of 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

23. Signature F. C. Suggett (M. D. or other) M.D.
Address Columbia Date signed 12-13-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

0

Mrs. Bahner 5/74
worley to [illegible]

RECEIVED
District Health Officer No. 9
District File Number DEC 21 1948
Date Filed

FEB 20 1953

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.