S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11678

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5152 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Caldwell County.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-
c. LENGTH OF STAY (In this place): 3 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 miles South Polo H-#13

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray 29
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural -Knoxville Twn. 0
d. STREET ADDRESS (If rural, give location): 3 miles East Koxville H-#13 0

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Franklin
c. (Last): Yoakum

4. DATE OF DEATH (Month) (Day) (Year): April 8, 1949

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 6, 1868
9. AGE (In years last birthday): 80 — If under 1 year: Months 9, Days 2m; If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Ray County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: James Benton Yoakum
13b. MOTHER'S MAIDEN NAME: Mary Ann Shumate
14. NAME OF HUSBAND OR WIFE: Sarah Frances Harmon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Clayborne Yoakum
ADDRESS: Rayville, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6½ hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — Long Standing
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* April 1, 1949, *to* April 8, 1949, *that I last saw the deceased alive on* 4-8, 1949, *and that death occurred at* 11:00 m. P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: C. H. Wilson M.D. (Degree or title)
23b. ADDRESS: Polo Mo
23c. DATE SIGNED: 4-9-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 10, 1949
24c. NAME OF CEMETERY OR CREMATORY: Kincaid Cem.
24d. LOCATION (City, town, or county) (State): Ray County, Missouri

DATE REC'D BY LOCAL REG. April 20/49
REGISTRAR'S SIGNATURE: Gladys Jones 37 0
25. FUNERAL DIRECTOR'S SIGNATURE: Guest-Lile Funeral Home
ADDRESS: Richmond, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4066

P. O. Address Richmond 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.