

FILED MAY 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16820

State File No.

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>163</u>					
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>SEPALIA</u>		c. LENGTH OF STAY (In this place) <u>10 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SEPALIA</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1012 E. 20th St.</u>				d. STREET ADDRESS (If rural, give location) <u>1012 E. 20th ST.</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>AMOS</u>		b. (Middle) <u>N.</u>		c. (Last) <u>YOKLEY</u>					
4. DATE OF DEATH		(Month) <u>MAY</u>		(Day) <u>18</u>		(Year) <u>1949</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov. 6, 1859</u>					
9. AGE (In years last birthday) <u>89</u>		10. UNDER 1 YEAR Months <u>6</u> Days <u>12</u>		11. UNDER 1 YEAR Hours <u></u> Mins. <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>NO. CAROLINA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>DAVID YOKLEY</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Leta</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS? <u>ROSS YOKLEY & ALBERT YOKLEY</u>							
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Bronchial</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza Virus Type</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>480X</u>				19. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>					
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>		22. I hereby certify that I attended the deceased from <u>May 14, 1949</u> , to <u>May 18, 1949</u> , that I last saw the deceased alive on <u>May 18, 1949</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. Swannep</u>		23b. ADDRESS <u>SEPALIA MO</u>		23c. DATE SIGNED <u>5/19-49</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 20, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>KNOB NOSTER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KNOB NOSTER MO.</u>					
DATE REC'D BY LOCAL REG. <u>5-20-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Raymond Baker</u>		ADDRESS <u>Knob Noster Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 24 REC'D
RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-24-49

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 _____

W. Raymond Baker

Signed _____
Student Embalmer

Licensed Embalmer No. 4616

P. O. Address Knot Master, 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.