

FILED AUG 12 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3135

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3135

1. PLACE OF DEATH a. COUNTY <u>JACKSON County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Polo Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran D</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u> b. (Middle) <u>Clyde</u> c. (Last) <u>Yoakum</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 19 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Aug 20, 1900</u>		9. AGE (In years last birthday) <u>48</u>		IF UNDER 1 YEAR Months Days <u>10 2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri Ray County</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>PRYOR Yoakum</u>		13b. MOTHER'S MAIDEN NAME <u>Abby Gale Rowland</u>	
14. NAME OF HUSBAND OR WIFE <u>Lena Yoakum</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>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lena Yoakum</u>		ADDRESS <u>Polo Mo.</u>			

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Approx. 5 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		DUE TO (c) <u>4/20/1</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>		Arterial Thrombosis of both lower		Approx. 4 weeks	

19a. DATE OF OPERATION <u>July 8, 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Amputation of left lower extremity - gangrene. Thrombosis of Popliteal</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Polo (Caldwell) Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>---</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 21, 1949, to July 19, 1949, that I last saw the deceased alive on July 19, 1949, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. Schaefer MD</u> (Degree or title)		23b. ADDRESS <u>3937 Main, Kansas City Mo.</u>		23c. DATE SIGNED <u>7/19/49</u>	
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>July 19, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel</u>	
24d. LOCATION (City, town, or county) (State) <u>Ray County Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alsbrough & Cowley</u>		ADDRESS <u>Polo</u>	

DATE REC'D BY LOCAL REG. <u>7-19-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alsbrough & Cowley</u>	
				ADDRESS <u>Polo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

46
3
8No. 300
10.48

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 Wayne A. Hallenon

Licensed Embalmer No. 4637

P. O. Address Polo 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.