

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26598

FILED AUG 16 1949

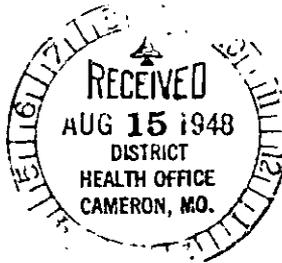
5448

State File No. _____

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|--|----------------------------|---|---|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>120</u> | | PRIMARY REG. DIST. NO. <u>5448</u> | | Registrar's No. <u>29</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Genoa</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Clinton</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany RR. 10 yrs</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany RR.</u> | | d. STREET ADDRESS (rural, give location) <u>2.5 W. 6. Miles</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.W. of Albany MO</u> | | | | d. STREET ADDRESS (rural, give location) <u>2.5 W. 6. Miles</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>Ann</u> c. (Last) <u>Yadon</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8-6-49</u> | | | | |
| 5. SEX <u>F.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Aug. 4 1898</u> | | 9. AGE (In years last birthday) <u>71</u> | 10. MONTHS <u>0</u> | 11. DAYS <u>3</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u> | | 11. BIRTH PLACE (State or foreign country) <u>Clinton MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>John P. Coch</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Jane Lewis</u> | | 14. NAME OF HUSBAND OR WIFE <u>Charles E. Yadon</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>Chas E. Yadon Albany MO RR 2</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>None</u> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chronic</u> ANTECEDENT CAUSES DUE TO (b) <u>Toxic Myocarditis</u> DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS* <u>Intestinal obstruction</u> Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> <u>3 wks</u> <u>1 1/2 wks</u> |
| 19a. DATE OF OPERATION <u>July 13, 1949</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Perforation of ileum - Richter's Hernia</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (In, on or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5605</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 <u>July 4</u> , 19 <u>49</u> , to <u>Aug 6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 6</u> , 19 <u>49</u> , and that death occurred at <u>12:30</u> p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Kabon M. S. Hew J. M.D.</u> | | | | 23b. ADDRESS <u>Stauberry MO</u> | | 23c. DATE SIGNED <u>Aug. 8, 1949</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE | | 24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u> | | 24d. LOCATION (City, town, or county) (State) <u>Stauberry MO</u> | |
| DATE REC'D BY LOCAL REG. <u>Aug 12 - 1949</u> | | REGISTRAR'S SIGNATURE <u>Mrs Edith Childs</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alton F. Phillips</u> | | ADDRESS <u>Stauberry MO</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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



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, ~~as by~~

~~Student Embalmer No.~~

~~working under my personal supervision~~

Signed

Robert H. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No.

1898

P. O. Address

Stoughton, 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.