

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27734

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. 291   |  | PRIMARY REG. DIST. NO. 3056  |  | Registrar's No. 184  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Randolph</b>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>STATE <b>Missouri</b> b. COUNTY <b>Randolph</b> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>  |  | c. LENGTH OF STAY (In this place) <b>0</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>  |  | 84<br>b  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>McCormick Hospital</b>   |  |  |  | d. STREET ADDRESS (If rural, give location) <b>403 E. Carpenter</b>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |  | a. (First) <b>Charles</b>  |  | b. (Middle) <b>Ernest</b>  |  | c. (Last) <b>Yeakey</b>  |  |
| 4. DATE OF DEATH   |  | Month <b>Aug</b>   |  | Day <b>14</b>  |  | Year <b>1949</b>   |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  |  | 8. DATE OF BIRTH <b>May 7 - 1884</b>   |  |
| 9. AGE (In years last birthday) <b>65</b>  |  | if UNDER 1 YEAR <b>3</b> Months  |  | if UNDER 6 HRS. <b>7</b> Days  |  | if UNDER 1 HRS. _____ Hours _____ Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoemaker</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Brown Shoe Co</b>   |  | 11. BIRTHPLACE (State or foreign country) <b>Mo</b>  |  | 12. CITIZEN OF WHAT COUNTRY?   |  |
| 13a. FATHER'S NAME <b>Daniel Yeakey</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Catherine O'Brien</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Huvenia</b>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>✓</b>   |  | 16. SOCIAL SECURITY NO. <b>491-07-1156</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Huvenia Yeakey</b>   |  | ADDRESS <b>Moberly Mo</b>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apoplexy</b>   |  | II. OTHER SIGNIFICANT CONDITIONS   |  |  |  | <b>3 da</b>  |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, 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) <b>Hypertension arteriosclerosis</b>  |  |  |  |  |  |
|  |  | DUE TO (c)   |  |  |  |  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>   |  | 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) (Min.)   |  | 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 <b>June 40</b> , 19 <b>40</b> , to <b>Aug 14</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>Aug 14</b> , 19 <b>49</b> , and that death occurred at <b>12:12 a.m.</b> , from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE <b>H.C. Guptill MD</b> (Degree or title)  |  |  |  | 23b. ADDRESS <b>Moberly Mo</b>   |  | 23c. DATE SIGNED <b>8-15-49</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |  | 24b. DATE <b>Aug 17-49</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>Moberly Mo</b>                  |  |
| DATE REC'D. BY LOCAL REG. <b>8-17-49</b>   |  | REGISTRAR'S SIGNATURE <b>Leah Bureau</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul Mahan and Son</b>   |  | ADDRESS <b>Moberly Mo</b>  |  |

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

88666

1949 SEP 6

RECEIVED AUG 22 1949  
District Health Officer No.  
District File Number E-49-14  
Date Filed AUG 22 1949

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Frank D D Will*

Signed.....

Student Embalmer

Licensed Embalmer No. 3021

P. O. Address.....

*Moberly 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.