

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33374

State File No. ....

FILED NOV 4 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>BOONVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONVILLE</u>	
c. LENGTH OF STAY (In this place) <u>39 YEARS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>505 WEST STREET</u>	

3. NAME OF DECEASED (Type or Print)  
a. (First) EUDORA b. (Middle) LOU c. (Last) YARNELL

4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 21-1949

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED 8. DATE OF BIRTH FEB. 7-1910 9. AGE (In years last birthday) 39 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE FACTORY 10b. KIND OF BUSINESS OR INDUSTRY SHOEMAKER 11. BIRTHPLACE (State or foreign country) BOONVILLE - MO. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME W.E. YARNELL 13b. MOTHER'S MAIDEN NAME MAUD RENNISON 14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO (If yes, give year or dates of service) NO 16. SOCIAL SECURITY NO. 487-07-1430 17. INFORMANT'S SIGNATURE OR NAME W.E. YARNELL - BOONVILLE MO. ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of breast with metastases MEDICAL CERTIFICATION

ANTECEDENT CAUSES

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

Abnormal conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 1 year

170X

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) (Min.) \_\_\_\_\_ 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 Sept 12, 1949, to Oct 21, 1949, that I last saw the deceased alive on Oct 21, 1949, and that death occurred at 11 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. A. Stegner M.D. 23b. ADDRESS 329 Main Boonville Mo 23c. DATE SIGNED 10-22-49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE OCT. 23-1949 24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE CEMETERY 24d. LOCATION (City, town, or county) (State) BOONVILLE - MO.

DATE REC'D BY LOCAL REG. Oct 22-49 REGISTRAR'S SIGNATURE D. Hooper 381 25. FUNERAL DIRECTOR'S SIGNATURE STEGNER FUNERAL HOME ADDRESS BOONVILLE MO

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

27  
2

RECEIVED OCT 31

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 10-3-49

**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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed James W. Segner  
Licensed Embalmer No. 3780  
P. O. Address BOONVILLE - 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.