

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33711

State File No.

FILED OCT 18 1949

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>	c. LENGTH OF STAY (If this place) <u>7 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Higbee</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 0</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>WILLIAM</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>YAGER</u>	<u>Oct 7 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>April 27-1865</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR: Months <u>3</u> Days <u>7</u>	IF UNDER 24 HRS: Hours <u></u> Mins. <u></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>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Henderson Yager</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Louisa Yager</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louisa Yager Higbee Mo</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fractured left hip</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>low back</u> <u>E9030</u> <u>711</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u>		
	DUE TO (c) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Howard Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall in yard</u> <u>045</u>

22. I hereby certify that I attended the deceased from Sept 16, 1949, to Oct 7, 1949, that I last saw the deceased alive on Oct 7, 1949, and that death occurred at 8:30 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Mrs G Shaw M.D.</u>	23b. ADDRESS <u>Fayette Mo</u>	23c. DATE SIGNED <u>10-11-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cent</u>
24d. LOCATION (City, town, or county) (State) <u>County Mo</u>		

DATE REC'D BY LOCAL REG. <u>10-11-49</u>	REGISTRAR'S SIGNATURE <u>Mary K Sheldahl</u> <u>404</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H S Robinson Armstrong</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

45

RECEIVED

District Health Officer No. 8,

District File Number _____

Filed 10-17-49

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 H. S. Robinson

Signed _____
Student Embalmer

Licensed Embalmer No. 3001

P. O. Address Amstrong

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.