

FILED DEC 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42083

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

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4432</u>		Registrar's No. <u>104</u>		
1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LUCERNE</u>		c. LENGTH OF STAY (In this place) <u>50 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LUCERNE</u>		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HIRAM</u> b. (Middle) c. (Last) <u>YERRINGTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 2 1949</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 13 1872</u>	9. AGE (In years last birthday) <u>77</u>	If UNDER 1 YEAR Months <u>9</u> Days <u>19</u>	If UNDER 24 HRS. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BARBER SHOP</u>		11. BIRTHPLACE (State or foreign country) <u>HEDRICK IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>MODICA YERRINGTON</u>		13b. MOTHER'S MAIDEN NAME <u>HANNA LOVETT</u>		14. NAME OF HUSBAND OR WIFE <u>Nan Shepherd Yerrington</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CHARLES YERRINGTON 1217 16ST. BOISE IDAHO</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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sudden Death - CORONARY OCCLUSION</u>  ANTECEDENT CAUSES <u>while standing at Barber Chair</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>CORONARY INSUFFICIENCY</u>  DUE TO (c) <u>Arterio-vascular Degeneration</u>								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>4201</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)		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>Feb 9</u> , 19 <u>49</u> , to <u>Dec 2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 27</u> , 19 <u>49</u> , and that death occurred at <u>9:15 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. B. Brewster M.D. V</u>				23b. ADDRESS <u>Wrensseton, Mo</u>		23c. DATE SIGNED <u>12/2/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 5 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>POWERSVILLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>POWERSVILLE MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>12-24-49</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u> <u>266</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Comstock Funeral Home 27 J.W. Comstock Unionville, Mo.</u>				

NOV 24 1952

RECEIVED DEC 28 1949  
District Health Officer No. 10  
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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 James W Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, N.C.

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.