

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43594

FILED JAN 4 1950

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 6285 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain Grove, Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township), OR TOWN <u>Mountain Grove, Rural</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Sarah</u>	b. (Middle) <u>Maragaret</u>	c. (Last) <u>Yocum</u>	<u>Nov 4, 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 27 1859</u>		9. AGE (In years last birthday) <u>90</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>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>					

13a. FATHER'S NAME <u>Wilburn C. Long</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Beard</u>		14. NAME OF HUSBAND OR WIFE <u>Edward W. Yocum</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nellie Inman Portland, Oregon</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chronic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u> <u>15 Sept 1949</u> <u>Not known</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture Left hip</u>		
	DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>suicide</u> <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural</u> <u>Wright</u> <u>Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 2 1949</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell while going through door</u>

22. I hereby certify that I attended the deceased from 10 Aug, 1949, to 4 Nov, 1949, that I last saw the deceased alive on 19 Oct, 1949, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. C. W. ...</u>	23b. ADDRESS <u>Mountain Grove, Mo.</u>	23c. DATE SIGNED <u>4 Nov 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-6-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fair View</u>	24d. LOCATION (City, town, or county) (State) <u>Mountain Grove, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-17-49</u>	REGISTRAR'S SIGNATURE <u>Bernice S. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>GRABLE-WINDLE Mountain Grove, Mo.</u>
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RECEIVED DEC 20 1949
District Health Office No. 6,
District File Number 1249-1396
Date Filed 12-28-49

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.

Student
Student Embalmer

Signed Frank Gable

Licensed Embalmer No. 4140

P. O. Address mtn Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.