

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5811

State File No. ....

FILED MAR 15 1950

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>6050</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sugar Creek</u>		c. LENGTH OF STAY (In this place) <u>11</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sugar Creek, Township</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 2nd 1950</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edgar</u>		b. (Middle) <u>M</u>		c. (Last) <u>Yager</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>June 13<sup>th</sup> 1884</u>		9. AGE (In years last birthday) <u>65</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>19</u> IF UNDER 12 HRS. Hours <u>19</u> Min.	
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 _____		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Thomas Yager</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Christian</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mabel Yager</u> ADDRESS _____			
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardio vascular heartDisease</u> ANTECEDENT CAUSES _____ DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>  <u>143X</u>	
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) _____		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 <u>Jan 1</u> , 19 <u>50</u> , to <u>Mar 2nd</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Mar 2 1950</u> , and that death occurred at <u>11:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Thos. S. Fleming</u> (Degree or title) <u>0</u>				23b. ADDRESS _____		23c. DATE SIGNED <u>3/2 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Mar 4<sup>th</sup> 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-4-50</u>		REGISTRAR'S SIGNATURE <u>Seal Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>269 Mahan and Saw Moberly Mo</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 13 1950

RECEIVED

District Health Officer No. 10

District File Number 3-30-43

Date Filed MAR 13 1950

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 Frank D DeWitt

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.