

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11873

State File No.

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>BARTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>	
b. CITY OR TOWN <u>LIBERAL</u>		c. CITY OR TOWN <u>LIBERAL</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>THOMAS</u>	b. (Middle) <u>IRVIN</u>	c. (Last) <u>YOAST</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 3 1950</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 23 1881</u>	9. AGE (in years last birthday) <u>68</u>	IF UNDER 1 YEAR Month Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINISTER-RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>METHODIST CHURCH</u>	11. BIRTHPLACE (State or foreign country) <u>ELKTON, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>GEORGE YOAST</u>	13b. MOTHER'S MAIDEN NAME <u>MARY MARLOW</u>	14. NAME OF HUSBAND OR WIFE <u>ROSA LEFFLER YOAST</u>
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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>XXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ROSA YOAST,</u>	ADDRESS <u>LIBERAL, MO.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>		<u>15 hrs.</u>
	DUE TO (c) <u>Congestive Heart Disease</u>		<u>2 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis and periods of hypertension 5 yrs.</u>			

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 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) <u>4301</u>
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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?
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22. I hereby certify that I attended the deceased from Feb. 5, 1947, to Apr. 2, 1950, that I last saw the deceased alive on Apr. 2, 1950, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Kuehnel, Jr., D.O.</u>	(Degree or title)	23b. ADDRESS <u>Liberal, Mo.</u>	23c. DATE SIGNED <u>4-5-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 5 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WORSLEY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BRONAUGH, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>April 8 1950</u>	REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>	420	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kohantz</u>	ADDRESS <u>HOME 1110 W. LAMAR, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0060

RECEIVED APR 15 1950
District Health Office No. 6,
District File Number 450-451
Date Filed 4-15-50

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.....

Isaac J. Kanantz

Signed.....
Student Embalmer

Licensed Embalmer No. 2247

P. O. Address Lamar, 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.