

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19690**

FILED JUL 12 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **65** PRIMARY REG. DIST. NO. **5251** Registrar's No. **89**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY	Chariton Salt Creek Twp Mo	a. STATE	Mo
b. CITY (If outside corporate limits, write RURAL and give township)	Mendon Rural	b. COUNTY	Chariton
c. LENGTH OF STAY (in this place)	29 yrs	c. CITY (If outside corporate limits, write RURAL and give township)	Mendon Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION	none	d. STREET ADDRESS (If rural, give location)	R-1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Susan Armilda Yancey	Susan	Armilda	Yancey	June 7, 1950
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)
Female	white	married	Feb. 21, 1861	89
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
Housewife	Housewife	Lizaville, Indiana	USA	
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE		
Charles Powell	Sarah Deweese	Robt. L. Yancey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME		
no	none	Mrs. Lee Joseph, Brunswick, Mo.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			5 days
	Cerebral Hemorrhage			
ANTECEDENT CAUSES			10 yrs.	
Chronic Nephritis				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
DUE TO (b)			4 yrs.	
Malnutrition				
DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing death.			592X	

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)	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 Feb. 2, 1948, to June 7, 1950, that I last saw the deceased alive on June 4, 1950, and that death occurred at 6 a.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
<i>H. R. Fowler</i>	D.O.	Brunswick, Missouri	6/8/50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 9, 1950	Powell	Indian Grove, Mo.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	56	25. FUNERAL DIRECTOR'S SIGNATURE
6-9-1950	<i>W. B. Bank</i>		<i>James M. Taylor</i>
			ADDRESS Marceline, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

5. No. 300  
v. 10.48

RECEIVED JUL 5 1950  
District Health Officer No. 10  
District File Number <sup>7-</sup> 50-1075  
Date Filed JUL 6 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.

Student .....  
Student Embalmer

Signed *Thomas M. Taughlin*

Licensed Embalmer No. 1908

P. O. Address Marceline, 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.