

FILED DEC 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 40513

0451
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 302d Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Richmond</u> <u>04510</u>	
c. LENGTH OF STAY (In this place) <u>4 da.</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. #2</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Yocum</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 22, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 19, 1869</u>		9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR: <u>1</u> Months <u>3</u> Days	
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>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>James Dougherty</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mobley</u>		14. NAME OF HUSBAND OR WIFE <u>G. William Yocum</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs John Howell Armstrong, MO</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>2100X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertensive CVD</u> DUE TO (c) <u>Diabetes mellitus</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 <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 Dec 18, 1950, to Dec 22, 1950, that I last saw the deceased alive on Dec 21, 1950 and that death occurred at 4 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm J. Shaw, Jr M.D.</u>		23b. ADDRESS <u>Fayette, Mo</u>		23c. DATE SIGNED <u>Dec 24, 1950</u>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/23/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Armstrong, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>12-24-50</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		430		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Patricia L. Cree</u> <u>Fayette, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

12/28/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12/28/50

SEP 10 1956

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ralph A. Carr

Signed.....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Jayette 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.