

FILED JAN 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1537

State File No. ....

BIRTH NO. .... REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 12

493  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>		c. LENGTH OF STAY (in this place) <b>65 years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCune-Brooks Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>	
d. STREET ADDRESS <b>611 Howard St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>OLIVE BELLE</b> c. (Last) <b>YARYAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 14, 1951</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>May 13, 1858</b>
9. AGE (In years last birthday) <b>92</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>1</b>	IF UNDER 18 HRS. Hour <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>domestic</b>	11. BIRTHPLACE (State or foreign country) <b>Prebles County, Ohio</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>George Wolf</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Huston</b>	14. NAME OF HUSBAND OR WIFE <b>J. T. B. Yaryan</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ray Yaryan, 527 Walnut, Carthage, Mo.</b>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial insufficiency</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis, chronic</b> DUE TO (c) <b>Senescence</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b> <b>5 years</b> <b>443x</b>	
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension, chronic, secondary</b>	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>SUICIDE</b>	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 <b>Sept. 7, 1950</b> , to <b>Jan 14, 1951</b> , that I last saw the deceased alive on <b>Jan 14, 1951</b> , and that death occurred at <b>7 8 m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Emory J. McIntire MD</b>		23b. ADDRESS <b>Carthage, Mo.</b>	23c. DATE SIGNED <b>1-15-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Jan 16, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Carthage, Mo.</b>
DATE REC'D BY LOCAL REG. <b>1-16-51</b>	REGISTRAR'S SIGNATURE <b>W. H. Clinton M 157</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Knell Mortuary, Carthage, Mo.</b>	

RECEIVED 1-24-51  
Jasper County Health Office

County File Number 51-1-12

Date Filed 1-24-51

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. ~~356~~

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Frank W. Kneel*

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.