

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7183

No. 300
10-48

FILED MAR 6 1951

BIRTH NO. _____ REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 6090 Registrar's No. 7

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| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Liberty)</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Liberty)</u> <u>0970</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 miles North East Sweet Springs</u> | | d. STREET ADDRESS (If rural, give location) <u>10 miles North East Sweet Springs</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Hannie</u> b. (Middle) <u>May</u> c. (Last) <u>Yokley</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 25 1951</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>May 8, 1891</u> | 9. AGE (In years last birthday) <u>59</u> | 10. UNDER 1 YEAR (Days) <u>9</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Horse Work</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>P.M. Wheeler</u> | 13b. MOTHER'S MAIDEN NAME <u>EMMA Swope</u> | 14. NAME OF HUSBAND OR WIFE <u>SAM Yokley</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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>Sam Yokley, Sweet Springs MO</u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> <u>15 yrs</u> | | |
| | DUE TO (c) <u>Arteriosclerosis, generalized</u> <u>—</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>2 (b) X</u> |

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| 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 25 Feb, 1951, to 25 Feb, 1951, that I last saw the deceased alive on 25 Feb, 1951, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Ralph H. Hous M.D.</u> | 23b. ADDRESS <u>Sweet Springs, Mo.</u> | 23c. DATE SIGNED <u>25 Feb 51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>Feb 27, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Grove</u> | 24d. LOCATION (City, town, or county) (State) <u>Country, Saline Co. MO</u> |
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| DATE REC'D BY LOCAL REG. <u>2/26/51</u> | REGISTRAR'S SIGNATURE <u>Dobby Andrew Edgar L. Mosley</u> | 25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>Sweet Springs MO</u> |
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(Licensed Embellisher's Statement on Reverse Side)

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

770

RECEIVED 3-5-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-5-51

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. _____

working under my personal supervision.

Signed Edgar L. Mosley

Signed _____
Student Embalmer

Licensed Embalmer No. 4711

P. O. Address Sweet Springs, 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.