

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11904

BIRTH NO. _____		REG. DIST. NO. 62		PRIMARY REG. DIST. NO. 2239		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - LINN				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - LINN 0200			
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS (If rural, give location) 2 1/2 Mi. S. E. of Stockton, Mo			
3. NAME OF DECEASED (Type or Print) JOHN		a. (First)		b. (Middle) THOMAS		c. (Last) YANCEY	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Apr. 18, 1867	
9. AGE (In years last birthday) 83		10. UNDER 1 YEAR 11 Days		11. UNDER 1 YEAR 19 Hours		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Cedar County		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Tom Yancey		13b. MOTHER'S MAIDEN NAME Mary Owens		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Harrison Yancey, Stockton, Mo			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		794X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on 4-3-1951, and that death occurred at 2A m., from the causes and on the date stated above.							
23a. SIGNATURE Wm. B. Richter, M.D. (Degree or title)				23b. ADDRESS Stockton, Mo		23c. DATE SIGNED 4-7-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-8-1951		24c. NAME OF CEMETERY OR CREMATORIAL STOCKTON CITY		24d. LOCATION (City, town, or county) (State) Cedar County, Missouri	
DATE REC'D BY LOCAL REG. 4-14-51		REGISTRAR'S SIGNATURE Geneva Garrison		FUNDAL DIRECTOR'S SIGNATURE John A. Cantlon, Stockton, Mo		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED APR 17 1951

DEATH NO. 421-841

DATE 4-19-51

APR 26 1951

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

Richard W. Bandall

Student Embalmer No. 400-

working under my personal supervision.

Student Richard W. Bandall  
Student Embalmer

Signed

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, M.

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.