

Filed for *Laughlin*

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 24 1951

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pollock</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Kermit R.</u> b. (Middle) <u>Yardley</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>5-16-51</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-1-1910</u>
9. AGE (In years last birthday) <u>40</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Baynton - Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>US</u>		13. FATHER'S NAME <u>J. S. Yardley</u>	
13b. MOTHER'S MAIDEN NAME <u>Jessie L. Dennis</u>		14. NAME OF HUSBAND OR WIFE <u>Doris Leslie Yardley</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>560-18-9131</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Doris Yardley</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		17. ADDRESS <u>Pollock - Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Esophageal Hemorrhage</u>		DUE TO (b) <u>Cirrhosis of the liver and</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>ONE TO (c) Chemical Burns esophagus (HCO) - Jan 2, 1951</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cicatricial Stenosis esophagus - Jan 2 1951</u>				

19a. DATE OF OPERATION <u>5-6-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cirrhosis of liver - jejunostomy for esophageal stenosis.</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) <u>105</u>	
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 Jan. 19, 1951, to 5-6-51, 1951, that I last saw the deceased alive on 5-6-51, 1951, and that death occurred at 2 AM m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ch. Stuber, D.O.</u> (Degree or title)		23b. ADDRESS <u>Kirksville Mo.</u>		23c. DATE SIGNED <u>5-13-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-8-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Milan - Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-18-51</u>	REGISTRAR'S SIGNATURE <u>Hate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schroeder</u>		ADDRESS <u>Milan - Mo.</u>

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

Date Received: MAY 22 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-51-969
Date Filed: MAY 22 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed August Schaefer

Licensed Embalmer No. 2667

P. O. Address Uxlan - 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.