

FILED MAY 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17261

State File No.

BIRTH NO. REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 4310 Registrar's No. 108

1. PLACE OF DEATH

a. COUNTY

Macon

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Berrier

c. LENGTH OF STAY (in this place)

1610

d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

Macon

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

Berrier 1610

d. STREET ADDRESS (If rural, give location)

0

3. NAME OF DECEASED (Type or Print)

a. (First)

Jesse

b. (Middle)

Clara

c. (Last)

Yocum

4. DATE OF DEATH

(Month) (Day) (Year)

4-30-51

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

4-25-1870

9. AGE (In years last birthday)

81

IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Cambria N.Y.

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Edmond Rose Rose

13b. MOTHER'S MAIDEN NAME

Elizabeth Savers

14. NAME OF HUSBAND OR WIFE

-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

-

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Mr. R. L. Vickroy Berrier 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Cerebral Hemorrhage

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senile Cerebral degeneration

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

10 days10 yrs.

19a. DATE OF OPERATION

-

19b. MAJOR FINDINGS OF OPERATION

no operation331X

20. AUTOPSY?

YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

none

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 NOT WHILE AT WORK -

21f. HOW DID INJURY OCCUR?

-22. I hereby certify that I attended the deceased from Jan, 1946, to April 30, 1951, that I last saw the deceased alive on April 27, 1951, and that death occurred at 8 17 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Donald E Eggleston MD

23b. ADDRESS

Macon, Mo

23c. DATE SIGNED

15 May 51

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

5-3-51

24c. NAME OF CEMETERY OR CREMATORY

East Oakwood Cem

24d. LOCATION (City, town, or county) (State)

Berrier Mo

DATE REC'D BY LOCAL REG.

5/16/51

REGISTRAR'S SIGNATURE

Josephine KingNo. 397

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

R. S. Edwards Berrier Mo

RECEIVED 5.23.51
MACON COUNTY HEALTH DEPARTMENT
County File No. 5.51.82
Date Filed 5.23.51

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.

Student
Student Embalmer

Signed J. S. Edwards.....

Licensed Embalmer No. 1961.....

P. O. Address Beavertown, 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.