

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23336

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit	c. LENGTH OF STAY (In this place) 80 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit	
d. FULL NAME OF HOSPITAL OR INSTITUTION 303 East 1st, Street		d. STREET ADDRESS (If rural, give location) 303 East 1st, Street	

3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) Alice c. (Last) Yoakum			4. DATE OF DEATH (Month) (Day) (Year) July 22 1951		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 31 1867		9. AGE (In years last birthday) 83	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Cooke County Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Robert Lee McKay		13b. MOTHER'S MAIDEN NAME Elizabeth Parks		14. NAME OF HUSBAND OR WIFE Thomas B. Yoakum (Deceased)	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If reason, war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Aldrich Lee's Summit Mo.		
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 5 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Influenza		17 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222		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)		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from 3-6, 1946 to July 22, 1951, that I last saw the deceased alive on 1951, and that death occurred at 4:40 Am., from the causes and on the date stated above.

23a. SIGNATURE Christ R. Miller MD		(Degree or title)		23b. ADDRESS Lee's Summit Mo.		23c. DATE SIGNED 7/23/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/24.51	24c. NAME OF CEMETERY OR CREMATORY Lee's Summit	24d. LOCATION (City, town, or county) (State) Lee's Summit Mo.		
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DATE REC'D BY LOCAL REG. 7/23/51	REGISTRAR'S SIGNATURE Donald C. Sanichaw		378		25. FUNERAL DIRECTOR'S SIGNATURE W.B. Kingford		ADDRESS Lee's Summit Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 6 REED

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 *H. B. Langford*

Licensed Embalmer No. 3853

P. O. Address Lee's Summit 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.