

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29330

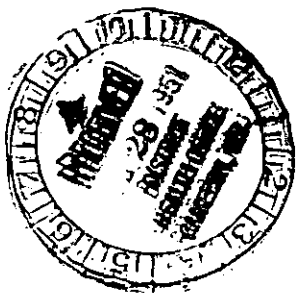
FILED AUG 31 1951

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6273 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Worth</u> <u>1130</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Grant City Mo Rural All Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Grant City Mo 1130</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>Northeast of Grant City Mo 4 mile</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Barbra</u> b. (Middle) <u>(none)</u> c. (Last) <u>Yokem</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 18 - 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>March 2 - 1865</u>
9. AGE (In years last birthday) <u>86</u> <u>5</u> <u>16</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Adair County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>George Lambert</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Yokem</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Agnes Heiner</u>		ADDRESS <u>Grant City Mo</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
20. AUTOPSY? YES ☐ NO ☒			
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 ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>15 Aug</u> , 19 <u>51</u> , to <u>18 Aug</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug 17, 1951</u> , and that death occurred at <u>7 P M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank B. Harrison M.D.</u>		23b. ADDRESS <u>Grant City Mo</u>	
23c. DATE SIGNED <u>8/20/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 20 - 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hutchall Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grant City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 24 - 1951</u>		REGISTRAR'S SIGNATURE <u>John E. Dawson</u>	
FUNDING DIRECTOR'S SIGNATURE <u>John E. Dawson</u>		ADDRESS <u>Grant City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

John Andrews
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *John Andrews*

Licensed Embalmer No. *4211*

P. O. Address *Grant City 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.