

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **341**

**341**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **115**

01170

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rosendale 0020</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. M.E. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARA</b> b. (Middle) <b>LAURSTA</b> c. (Last) <b>Yoder</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-29-1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>2-22-1887</b>		9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>22</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Rosendale, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Mattison Hoover</b>		13b. MOTHER'S MAIDEN NAME <b>Rosarah Stonner</b>		14. NAME OF HUSBAND OR WIFE <b>A. C. Yoder</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>120 NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Arnold Alkire Rosendale Mo</b>	

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Conva.</b>		cancer pneumonia / cancer pneumonia / pneumonia					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Ademo. pneumonia.</b>					
		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		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) <b>153X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-11-1952** to **1-28-1952**, that I last saw the deceased alive on **1-28-1952** and that death occurred at **9:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>B B Summers</b> (Degree or title)		23b. ADDRESS <b>St Joseph Mo</b>		23c. DATE SIGNED <b>1-30-52</b>	
---	--	----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-30-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph Mo</b>	
DATE REC'D BY LOCAL REG. <b>Jan 30, 1952</b>		REGISTRAR'S SIGNATURE <b>Carl C. Castel</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Breit Funeral Home Savannah Mo</b>			

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.