

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8659

State File No.

S. No. 300
rv. 10.48

FILED APR 5 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1260

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>45 YEARS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3939 TROOST AVENUE</u>		d. STREET ADDRESS (If rural, give location) <u>3939 TROOST AVENUE</u>	
3. NAME OF DECEASED (Type or Print) <u>MYRT</u>		a. (First) <u>D.</u>	b. (Middle) <u>YOAKUM</u>
c. (Last) <u>YOAKUM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 14 1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 16 1879</u>
9. AGE (In years last birthday) <u>72</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 100 Hrs. Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) <u>RICHMOND MISSOURI</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>PRESTON</u>	
13b. MOTHER'S MAIDEN NAME <u>SALLY SMITH</u>		13. NAME OF HUSBAND OR WIFE <u>REV. JAMES B. YOAKUM</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>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MISS VELMA YOAKUM</u>		ADDRESS <u>3939 TROOST AVE. KANSAS CITY, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (virus)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hr</u>	
ANTECEDENT CAUSES <u>Cerebral thrombosis</u>		DUE TO (b) _____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS. <u>Hypert</u>	
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 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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHOLE 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 <u>3/4</u> , 19 <u>52</u> , to <u>3/14</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3/14</u> , 19 <u>52</u> and that death occurred at <u>9:45 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. C. Trippe</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1014 Angulo Blvd</u>	
23c. DATE SIGNED <u>3/14/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>MARCH 17 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>	
24d. LOCATION (City, town, or county) <u>KANSAS CITY</u>		24e. (State) <u>MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-17-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D. A. Newsome</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

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

7th-3454

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 Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Kenner 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.