

S. No. 300 **FILED APR 4 1952**

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9119**

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

BIRTH NO. _____		REG. DIST. NO. <b>209</b>		PRIMARY REG. DIST. NO. <b>3043</b>		Registrar's No. <b>95</b>	
1. PLACE OF DEATH a. COUNTY <b>Marion.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY <b>Ralls,</b>			
b. CITY OR TOWN <b>Hannibal, Missouri.</b>		c. LENGTH OF STAY (in this place) <b>4 hrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Perry, Missouri (Rural)</b> <b>0876</b>		d. STREET ADDRESS (If rural, give location) <b>Saltriver Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Elizabeth Hospital.</b>				d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Claude</b>			b. (Middle) <b>L.</b>		c. (Last) <b>Yancey.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March, 20, 1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 27, 1904</b>		9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 24 HRS. Days Hours Min. <b>23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Ralls Co, Missouri.</b> <b>U</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Wm Yancey.</b>		13b. MOTHER'S MAIDEN NAME <b>Ursula Bartarum</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs Pearl Yancey.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Pearl Yancey, Perry, Mo.</b> ADDRESS _____			
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) <b>Hypertension - Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Nephritis</b>  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 <b>neg</b>	
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>331X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE 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 <b>Jan 2, 1952</b> , to <b>Mar 20, 1952</b> , that I last saw the deceased alive on <b>Mar 20, 1952</b> , and that death occurred at <b>6:00P M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Ernest T. Dizon</b> (Degree or title) _____				23b. ADDRESS <b>Perry, Missouri.</b>		23c. DATE SIGNED <b>3-22-1952</b>	
24a. BURIAL: CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-22-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Ralls Co, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>3-23-1952</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Perry, Mo.</b>			

RECEIVED APR 2 1952  
HEALTH DEPT  
DATE FILED APR 6 1952

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

*Clyde C. Wilkey*

Licensed Embalmer No. 3820.

P. O. Address Perry, Missouri.

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.