

No. 300
10-48
01640

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34406

State File No. _____

OCT 27 1952

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>336</u>			
1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CAPE GIRARDEAU</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (In this place) <u>6 HRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PAINTON, Mo. - RURAL</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CAPE OSTEOPATHIC HOSPITAL</u>				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ASA Y E</u>			b. (Middle) <u>YAKUSHIJI</u>			c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 20 1952</u>									
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>YELLOW</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 8, 1905</u>			
9. AGE (In years last birthday) <u>47</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>TAKAMOTSU, JAPAN</u>			
12. CITIZENRY OF WHAT COUNTRY <u>JAPAN</u>		13a. FATHER'S NAME <u>MIYOJI YOKOTA</u>		13b. MOTHER'S MAIDEN NAME <u>_____</u>		14. NAME OF HUSBAND OR WIFE <u>HIEEJI YAKUSHIJI</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>_____</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HIEEJI YAKUSHIJI</u> ADDRESS <u>PAINTON, 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>				DUE TO (b) <u>Concussion from Fall</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Diabetes Mellitus - Diabetic Coma</u>				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>E 9040 21</u>				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)					
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 <u>Oct 20, 1952</u> to <u>Oct 20, 1952</u> , that I last saw the deceased alive on <u>Oct 20, 1952</u> , and that death occurred at <u>6:55 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>M. Newell D.O.</u>				23b. ADDRESS <u>28 S. Spanish Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>Oct 23, 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>OCT 24, 1952</u>		24c. NAME OF GEMETERY OR CREMATORY <u>YAL HALKA</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>10-23-52</u>		REGISTRAR'S SIGNATURE <u>W. H. Morgan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Morgan</u> ADDRESS <u>Advance, Mo.</u>					

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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

William H. Morgan

Licensed Embalmer No. *4640*

P. O. Address *Advance, 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.