

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39474

FILED DEC 6 1952		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 395	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived 10 days or more prior to institution; residence before admission) a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Missouri Hannibal		c. LENGTH OF STAY (in this place) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal 1644			
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 1909 Gordon				d. STREET ADDRESS (If rural, give location) 1909 Gordon			
3. NAME OF DECEASED (Type or Print) a. (First) George Eugene Yost			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) November 27, 1952							
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 28, 1872	
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 29		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer			10b. KIND OF BUSINESS OR INDUSTRY Retired			11. BIRTHPLACE (State or foreign country) Shelby County Missouri	
12. CITIZEN OF WHAT COUNTRY? U S A							
13a. FATHER'S NAME Charles Yost			13b. MOTHER'S MAIDEN NAME Pheobe Gage			14. NAME OF HUSBAND OR WIFE George Conn Yost	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clifford Yost, St. Louis Missouri	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Found dead.  ANTECEDENT CAUSES DUE TO (b) Apparent Coronary Thrombosis DUE TO (c) Senility  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201					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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE H. Crawford Smith Coroner			23b. ADDRESS 902 Broadway Hannibal Mo			23c. DATE SIGNED 12/1/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/1/52		24c. NAME OF CEMETERY OR CREMATORY Mount Olive		24d. LOCATION (City, town, or county) (State) Hannibal Missouri	
DATE REC'D BY LOCAL REG. 12-2-52		REGISTRAR'S SIGNATURE Dr. E. M. Lucka			25. FUNERAL DIRECTOR'S SIGNATURE H. Crawford Smith Hannibal Missouri		

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DEC 4 1952

MARION CO. HEALTH DEPT

DATE FILED DEC 4 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *John S. Hard*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4540.....

P. O. Address Hannibal 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.