

NOV 24 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41321  
39

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6179 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pollock</u>		c. LENGTH OF STAY (in this place) <u>7 1/2's</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Pollock</u>		1059
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) <u>h</u> c. (Last) <u>Yardley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-11-1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-8-1881</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>3</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 (State or foreign country) <u>Pollock - Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>us</u>
13a. FATHER'S NAME <u>Bennigan Dennis</u>		13b. MOTHER'S MAIDEN NAME <u>Louanna McCormick</u>		14. NAME OF HUSBAND OR WIFE <u>J. G. Yardley</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. G. Yardley Pollock 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Stemorrhage infection of lungs</u> DUE TO (b) <u>arteriosclerotic heart disease &amp; hypertension</u> DUE TO (c) <u>hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>  <u>years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>42.00</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>Nov 3, 1952</u> to <u>Nov 11, 1952</u> , that I last saw the deceased alive on <u>Nov 11, 1952</u> and that death occurred at <u>9:15</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Chas. L. Judd D.O.</u>			23b. ADDRESS <u>Amosville Mo</u>		23c. DATE SIGNED <u>11/12/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-13-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-20-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schoejes Dayton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1050

**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..... *Dwight Schewe* .....

Licensed Embalmer No. *2667* .....

P. O. Address. *W. Va.* .....

**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.