

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5142

FILED FEB 25 1953

BIRTH NO.		REG. DIST. NO. 61		PRIMARY REG. DIST. NO. 4107		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldorado Springs 2 mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Walker, rural 1029			
d. FULL NAME OF HOSPITAL OR INSTITUTION Chambers Nursing Home				d. STREET ADDRESS (If rural, give location) Rt. # 2			
3. NAME OF DECEASED (Type or Print) Elsie		a. (First) Ethel		c. (Last) Yockey		4. DATE OF DEATH (Month) (Day) (Year) Feb 14, 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH 12-18-1899	
9. AGE (In years last birthday) 53		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Cedar County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Ora Lancaster		13b. MOTHER'S MAIDEN NAME Miller; Alice Blane		14. NAME OF HUSBAND OR WIFE Elmer Yockey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Elmer Yockey		ADDRESS Rt. 2 - Walker, Mo.	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X				INTERVAL BETWEEN ONSET AND DEATH 11 mos.			
19a. DATE OF OPERATION 10 May 52		19b. MAJOR FINDINGS OF OPERATION Carcinoma of breast with metastases				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 10 April, 1952, to 14 Feb, 1953, that I last saw the deceased alive on 14 Feb, 1953, and that death occurred at 3:45 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John H. Hall				23b. ADDRESS Eldorado Springs, Mo.		23c. DATE SIGNED 16 Feb 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-17-53		24c. NAME OF CEMETERY OR CREMATORY Love Mound		24d. LOCATION (City, town, or county) (State) Cedar County, Mo.	
DATE REC'D BY LOCAL REG. FEB. 17, 1953		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE Address			

418-8 (Licensed Emballer's Statement on Reverse Side)

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

Max W. Ricker

Licensed Embalmer No.

4695

P. O. Address

El Dorado Springs

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.