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STANDARD CERTIFICATE OF DEATH

State File No. **23809**

FILED AUG 11 1953

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax		c. CITY (If outside corporate limits, write RURAL and give township) 0030 OR TOWN Fairfax	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Comm. Hosp.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) CALVIN	b. (Middle) DO	c. (Last) YOCUM	4. DATE OF DEATH (Month) (Day) (Year) August 2 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 3, 1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Drayman		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (State or foreign country) Store Co., Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Albert Yocum	13b. MOTHER'S MAIDEN NAME Dora Johnson	14. NAME OF HUSBAND OR WIFE Norma Yocum
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 710-12-9635	17. INFORMANT'S SIGNATURE (OR NAME) ADDRESS Mrs. Norma Yocum Fairfax 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) Cerebro-vascular accident		INTERVAL BETWEEN ONSET AND DEATH 1 week
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis		
	DUE TO (c)		
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	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) 331X
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 May 5, 1951, to Aug 2, 1953, that I last saw the deceased alive on Aug 2, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE James R Coffey (Degree or title) M.D.	23b. ADDRESS Fairfax, Mo.	23c. DATE SIGNED 8/7/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 3, 1953	24c. NAME OF CEMETERY OR INTERMENT PLACE Pleasant Ridge	24d. LOCATION (City, town, or county) (State) Fairfax Mo.
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DATE REC'D BY LOCAL REG. 8/8/1953	REGISTRAR'S SIGNATURE M. L. Schuler, Reg. Gen.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schooler Funeral Home Fairfax Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 6 1957

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

Marvin W. Schaefer

Licensed Embalmer No. *4167*

P. O. Address

Fairfax, Miss

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.