

STANDARD CERTIFICATE OF DEATH

24180

State File No. ....

FILED AUG 10 1953

BIRTH NO. .... REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Cedar Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edwards Springs RT</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edwards Springs 2nd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>RT # 5 0200</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAUD</u> b. (Middle) <u>LUCY</u> c. (Last) <u>YARNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 7 1953</u>	
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 15, 1880</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>73</u>
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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 <u>Self -</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Knight</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Molar</u>	14. NAME OF HUSBAND OR WIFE <u>James R. Yarnar</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James R. Yarnar</u>	ADDRESS <u>Edwards Springs</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u>		
	DUE TO (c) <u>410 X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from 5-4, 1953, to 7-27, 1953, that I last saw the deceased alive on 7-28, 1953, and that death occurred at 11:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M.D. J.W. Richards</u>	23b. ADDRESS <u>Tiffin</u>	23c. DATE SIGNED <u>8-4-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Robertson Cem. Woodland</u>	24d. LOCATION (City, town, or county) (State) <u>Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Aug. 4, 1953</u>	REGISTRAR'S SIGNATURE <u>John P. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lawrence Edwards Springs</u>	ADDRESS <u>Missouri</u>
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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 *Way W. Dickering*

Licensed Embalmer No. *46962*

P. O. Address *St. Donald, Pa.*

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.