

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **24394**

300
48

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

FILED JUL 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>120</u>	PRIMARY REG. DIST. NO. <u>4194</u>	Registrar's No. <u>92</u>
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>Gentry</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Albany</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Albany</u> OR TOWN <u>Albany</u> <u>0380</u> <u>0</u>		
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>508 E. Daniel</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>508 E. Daniel</u>		d. STREET ADDRESS (If rural, give location) <u>508 E. Daniel</u>		
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>John</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Lee</u>			<u>July 21, 1953</u>	
(Type or Print)				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 21, 1873</u>	9. AGE (In years last birthday) <u>80</u>
				IF UNDER 1 YEAR: Months <u>2</u> Days <u>0</u>
				IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Ins.</u>	11. BIRTHPLACE (State or foreign country) <u>Macon, Missouri</u>	
			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>W. J. Yadon</u>		13b. MOTHER'S MAIDEN NAME <u>Artie Bradshaw</u>	14. NAME OF HUSBAND OR WIFE <u>Effie Yadon</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>488-34-0882</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Yadon</u>	
			ADDRESS <u>Albany, 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* (a) <u>Coronary Occlusion</u>		
		INTERVAL BETWEEN ONSET AND DEATH <u>Four Mins.</u>		
		ANTECEDENT CAUSES		
		Morbid 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. <u>Chronic Myocarditis</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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) (Min.)	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 Jan. 1, 1953, to July 20, 1953, that I last saw the deceased alive on July 20, 1953, and that death occurred at 4:30 A.M., from the causes and on the date stated above.				
23a. SIGNATURE <u>C. J. Pray, D.O.</u> (Degree or title)		23b. ADDRESS <u>Albany, Mo.</u>		23c. DATE SIGNED <u>7-22-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/23/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highway Ridge Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Stanberry, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 24-53</u>	REGISTRAR'S SIGNATURE <u>Maudie Williamson</u>	462	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Albany Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

NOV 1 0 1954

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Clifford E. Brooke

Licensed Embalmer No.

3329

P. O. Address

Albany Mo

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.