

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1647

State File No.

FILED FEB 15 1954

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>INDEPENDENCE</u>		c. LENGTH OF STAY (in this place) <u>2 WEEKS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>INDEPENDENCE SANITARIUM</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLARD</u> b. (Middle) <u>E.</u> c. (Last) <u>YOAKUM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-28-1954</u>	

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MARCH-3-1922</u>	9. AGE (In years last birthday) <u>31</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COOK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>YOAKUM'S LUNCH</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>ORVILLE W. YOAKUM</u>	13b. MOTHER'S MAIDEN NAME <u>LOLA PHILLIPS</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR II</u>	16. SOCIAL SECURITY NO. <u>489-24-3802</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ORVILLE W. YOAKUM</u> ADDRESS <u>3617 CLEVELAND KANSAS CITY, MO.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Lobes pneumonia resulting from severe cerebral embolism.</u> ANTECEDENT CAUSES <u>from severe cerebral embolism.</u> DUE TO (b) _____ DUE TO (c) <u>degeneration, fracture of ribs and vertebrae</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
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson Johnson</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-12-54</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. C. J. ...</u>	23b. ADDRESS <u>4050 Broadway Ave</u>	23c. DATE SIGNED <u>1-30-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 31 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FLORIAN HILLS CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u> ADDRESS <u>1331 South Creek KANSAS CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>1-31-54</u>	REGISTRAR'S SIGNATURE <u>James A. ...</u>	

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.....
Signature of Student Embalmer

Signed *Robert C. Harrison*.....

Licensed Embalmer No. *489*

P. O. Address *K. P. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.