

FILED JAN 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2280

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (in this place) .....		c. CITY OR TOWN <u>Sedalia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D. # 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u>		b. (Middle) <u>Norris</u>		c. (Last) <u>Yancey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 10 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 27-1888</u>	
9. AGE (in years last birthday) <u>65</u>		10. MONTHS <u>5</u>		11. DAYS <u>13</u>		12. IF UNDER 1 YEAR: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Baker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Palmyra Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Yancey</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Hawkins</u>		14. NAME OF HUSBAND OR WIFE <u>Pauline Yancey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>511-01-8502</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pauline Yancey</u>		ADDRESS: <u>Sedalia</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Infarction</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Sen. Atherosclerosis and Hypertension</u> DUE TO (c) <u>Diabetes &amp; Chis. Bright's</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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) (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 <u>Nov 3</u> , 195 <u>3</u> , to <u>1-10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1-6</u> , 195 <u>3</u> , and that death occurred at <u>12:30 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. B. Boyer M.D.</u>		23b. ADDRESS <u>Sedalia Mo.</u>		23c. DATE SIGNED <u>1-10-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-11-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lawrence Kansas</u>	
DATE REC'D BY LOCAL REG. <u>1-11-54</u>		REGISTRAR'S SIGNATURE <u>R. G. Campbell M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros.</u>		ADDRESS <u>Sedalia</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

VS  
MAR 31 1964

MAY 2 1954

APR 6 1954

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### 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.....

Licensed Embalmer No. 315

P. O. Address Sadali

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.