

State File No. **2380**

FILED FEB 10 1954  
BIRTH NO. \_\_\_\_\_

REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5987 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, write RURAL and give town) Rural Union			c. LENGTH OF STAY (in this place) 0250			c. CITY (If outside corporate limits, write RURAL and give township) Rural Union	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Sarah		a. (First) Ellen		c. (Last) Yeakum		4. DATE OF DEATH (Month) (Day) (Year) 1 26 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 1/18/1870	
9. AGE (in years last birthday) 84		10. SEX 0		11. YEAR 8		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Marshall Jones		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Wm. I. Yeakum			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Mrs. qWes Baker, Dixon, Missouri			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic of color</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>No other diseases</i>				INTERVAL BETWEEN ONSET AND DEATH <i>minutes</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>153 X</i>				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) m.		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 <i>Jan 19 1954</i> to <i>Jan 19 1954</i> , that I last saw the deceased alive on <i>2-5-54</i> , 1954 and that death occurred at <i>3:00 P.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>E. H. Hughes</i>		b. (Degree or title) M.D.		23b. ADDRESS <i>Dixon, Mo.</i>		23c. DATE SIGNED <i>2-5-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>1/29/1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Seaton Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Marion County, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>2-5-54</i>		REGISTRAR'S SIGNATURE <i>Fred H. Gilbert</i>		25. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert, Dixon, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

**WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD**

