No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 5 1954

State File No. 8238

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5-444 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Athens
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Plainview Reet Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Worth
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 1130 1
d. STREET ADDRESS (If rural, give location): Near Worth, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Hazel
b. (Middle): Cordova
c. (Last): Yarrington

4. DATE OF DEATH (Month) (Day) (Year): March 24, 1954

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: Aug. 29, 1904

9. AGE (In years last birthday): 49 — If under 1 year: Months 6, Days 25 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Worth Co. Mo. 0

12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Filmore Stevens

13b. MOTHER'S MAIDEN NAME: Ida Willhite

14. NAME OF HUSBAND OR WIFE: Chas. Yarrington

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.:

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Chas. Yarrington, Worth, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon, Rectum — INTERVAL BETWEEN ONSET AND DEATH: 7 mos.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Carcinoma of uterus — 9 "

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 174X

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb. 15, 1954 *to* Mar. 24 1954 *that I last saw the deceased alive on* Mar 23, 1954, *and that death occurred at* 12:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. J. Pray, D.O.

23b. ADDRESS: Albany

23c. DATE SIGNED: 3-22-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/26/54

24c. NAME OF CEMETERY OR CREMATORY: Grandview

24d. LOCATION (City, town, or county) (State): Albany, Missouri

DATE REC'D BY LOCAL REG.: March 28-54

REGISTRAR'S SIGNATURE: Maude Williams 462 0

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Albany Mo

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

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.