S. No. 300
. 10.46

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17774-54

State File No. 9720

BIRTH NO. FILED MAR 22 1954 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3054 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly Mo
c. LENGTH OF STAY (In this place): 4hrs 53 min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCormick Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly 0883
d. STREET ADDRESS (If rural, give location): 100 Horsley Street

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): EUGENE
c. (Last): YANCY

4. DATE OF DEATH (Month) (Day) (Year): MAR 13 1954

5. SEX: M
6. COLOR OR RACE: Coe
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Newborn
8. DATE OF BIRTH: MAR 12, 1954
9. AGE (In years last birthday): ~~9 MONTHS~~ — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 46 / Min. 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn
10b. KIND OF BUSINESS OR INDUSTRY: Newborn
11. BIRTHPLACE (City and State or Foreign Country): Moberly Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: RAYMOND YANCY
13b. MOTHER'S MAIDEN NAME: BETTY ARTHUR
14. NAME OF HUSBAND OR WIFE: ~~Mrs Betty Yancy~~
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: Mrs Betty Yancy
ADDRESS: 100 Horsley Moberly

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) Dystocia of fetus and mother — INTERVAL BETWEEN ONSET AND DEATH: 75 hrs labor

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hydramnia of mother etc — 4 wks
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: 7610
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* Mar 12, 1954, *to* March 13, 1954, *that I last saw the deceased alive on* Mar 12, 1954, *and that death occurred at* 1:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jerry D. Sally D.O.
23b. ADDRESS: 329 Grand ave Moberly Mo
23c. DATE SIGNED: 3/13/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-14-54
24c. NAME OF CEMETERY OR CREMATORY: Oaklands
24d. LOCATION (City, town, or county) (State): Moberly Mo

DATE REC'D BY LOCAL REG.: 3-13-54
REGISTRAR'S SIGNATURE: Leola Williams Coe
25. FUNERAL DIRECTOR'S SIGNATURE: Geo Roberts
ADDRESS: Hannibal 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 _____, Student Embalmer No. _____, working under my personal supervision.

Student .....
Student Embalmer

Signed Geo E Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal 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.