

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16534**
 BIRTH NO. 23682-54 REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5665 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Linn</u>		
b. CITY OR TOWN <u>Stephenville</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>Salina</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 (If not in hospital or institution, give street address or location)			e. STREET ADDRESS (If rural, give location) <u>0566</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Cindy</u>	b. (Middle) <u>Lou</u>	c. (Last) <u>YARBROUGH</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>May 5 - 1954</u>
5. SEX <u>Female</u>	6. COLOR (RACE) <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>May 1 1954</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u> IF UNDER 12 HRS. Hours <u>5</u> Min. <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Edina Mo.</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Samuel Benjamin Yarbrough</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Louise Stratton</u>		14. NAME OF HUSBAND OR WIFE	
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 <u>Samuel Benjamin Yarbrough</u> ADDRESS <u>Stephenville Mo</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectases of right lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremic poisoning of mother previous to birth</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7620</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>6 weeks</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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)	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>May 1</u> , 19 <u>54</u> , to <u>May 5</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>May 5</u> , 19 <u>54</u> , and that death occurred at <u>10:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Harry L. M. Brocken</u>		(Degree or title) <u>D. O.</u>	23b. ADDRESS <u>La Belle, Mo.</u>		23c. DATE SIGNED <u>5/7/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>May 6, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stephenville</u>	24d. LOCATION (City, town, or county) (State) <u>In Stephenville Mo</u>		
DATE REC'D BY LOCAL REG. <u>5-14-54</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u>	ADDRESS <u>Ewing, Mo</u>	

E.L.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE PERMANENT RECORD

No. 300

10-48

STATEMENT BY LICENSED EMBALMER

725X

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.....

P. O. Address.....

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.