No. 300
10.48

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18741

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5548 Registrar's No. 10

54.50
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1. PLACE OF DEATH
a. COUNTY Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Prairie Twp.
c. LENGTH OF STAY (in this place) 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R. R. #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Prairie Twp. 0450
d. STREET ADDRESS (If rural, give location) R. R. #2

3. NAME OF DECEASED (Type or Print)
a. (First) Stephen
b. (Middle) Bedford
c. (Last) Yancey

4. DATE OF DEATH (Month) (Day) (Year) June 2, 1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Aug. 17, 1864
9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR Months 9 Days 15 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Howard Co. Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles Squire Yancey
13b. MOTHER'S MAIDEN NAME Ann Rozzell
14. NAME OF HUSBAND OR WIFE ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Rozzell Yancey — ADDRESS Armstrong, 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) Cerebral Vascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 17 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Vascular arteriosclerosis — unknown
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 332 X
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* April 25, 1954, *to* June 2, 1954, *that I last saw the deceased alive on* June 1, 1954, *and that death occurred at* 5:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE Francis D. Dean (Degree or title) M.D.
23b. ADDRESS Fayette, Mo
23c. DATE SIGNED 6-2-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 6/4/54
24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery
24d. LOCATION (City, town, or county) (State) Marshall, Missouri

DATE REC'D BY LOCAL REG. 6/4/1954
REGISTRAR'S SIGNATURE Walker Audsley Co. by E. Whitmore
25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr — ADDRESS Fayette, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed Ralph A Carr

Signed ..... Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette 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.