

FILED AUG 6 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22245

State File No. \_\_\_\_\_

Registrar's No. 448

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

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

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>448</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gatewood</u>		<u>0120</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Route #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amon</u>		b. (Middle) <u>----</u>		c. (Last) <u>Yarber</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 18, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7-21-1891</u>	
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>27</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Randolph County, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John A. Yarber</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Birdie Yarber</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Birdie Yarber Gatewood, Missouri</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Cardiac failure</u> DUE TO (c) <u>renal failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>593 X</u>				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>7-9-1954</u> to <u>7-18</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-18-54</u> , and that death occurred at <u>4:45</u> A. M., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. H. Markel</u>		(Degree or title)		23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>7-28-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-20-1954</u>		24c. NAME OF CEMETERY OR CREMATORY. <u>New Home</u>		24d. LOCATION (City, town, or county) (State) <u>Gatewood, Butler Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7/31/54</u>		REGISTRAR'S SIGNATURE <u>A. Tommelle</u>		FUNERAL DIRECTOR'S SIGNATURE <u>G. McLaughlin</u>		ADDRESS <u>Poplar Bluff, Ark.</u>	

RECEIVED  
AUG 2 1954  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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 \_\_\_\_\_

Licensed Embalmer No. 610

P. O. Address Pealontas, Ark

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.