

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32918

State File No. _____

FILED OCT 26 1954

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 110

0020

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

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fairfax</u>		c. LENGTH OF STAY (in this place) <u>6 hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Fairfax</u>		d. STREET ADDRESS (If rural, give location) <u>0020</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>Abraham</u> c. (Last) <u>Yacum</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Jan. 10, 1889</u>	9. AGE (In years last birthday) <u>65</u>	10. MONTHS <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Night Watchman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>City Night Watchman</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Albert Yacum</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charles Yacum, Mound City, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Morbid conditions, if any, giving rise to the above cause (a) dating the underlying cause last.</u> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u> <u>2 Wks.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>351X</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>4:00 AM 10/16 1954</u> , to <u>9:30 AM 10/16 1954</u> , that I last saw the deceased alive on <u>Oct 16</u> , 1954, and that death occurred at <u>9:30 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>J. Death Coffey M.D.</u>			23b. ADDRESS <u>Fairfax Missouri</u>		23c. DATE SIGNED <u>10/16/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/18/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fairfax, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct 18, 1954</u>	REGISTRAR'S SIGNATURE <u>Marvin W. Schaefer</u>	443-C	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Funeral Home, Fairfax, Mo.</u>		

REC 20 1958

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 Merwin H. Scheeler

Licensed Embalmer No. 4167

P. O. Address Fairfax, Va

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.