

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**41949**

State File No. ....

**FILED JAN 4 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 238

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Phelps</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>  |  | c. CITY OR TOWN <u>Rural-Union</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Phelps County Hospital</u> |  | e. STREET ADDRESS (If rural, give location) <u>1100</u>  |   |

|  |                               |   |   |   |  |
|--|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Yarbrough</u>       |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>12 16 1954</u>                      |   |  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>10-12-1865</u>  | 9. AGE (In years last birthday) <u>89</u> | IF UNDER 1 YEAR: Months <u>2</u> Days <u>24</u> Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Labor</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY _____                               | 11. BIRTHPLACE (City and State or Foreign Country) <u>Washington County, Mo</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>                              |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Jeff Yarbrough</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Mary Batties</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Unknown</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>No</u>             |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Chad Long, Cadet, Rt 1., Mo</u> |  |

|  |  |  |  |  |                                  |
|--|--|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION  |  |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u>  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial sclerosis</u>  |  |  |                                  |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Dislocation of right shoulder, simple fracture (upper 1/4) of right humerus</u><br>DUE TO (c) <u>Fracture simple inferior anterior of right femur</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) <u>Accident</u>                |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Kennel's nursing home</u> |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>St. James 08 Phelps Mo</u>             |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-15-54 1:00 PM</u> |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>     |  | 21f. HOW DID INJURY OCCUR?<br><u>Patient tried to get out of bed, feet came out and fell</u> |  |

22. I hereby certify that I attended the deceased from 4-22-54, 1954, to 12-16-1954, that I last saw the deceased alive on 12-15-1954, and that death occurred at 5:10 P.M., from the causes and on the date stated above.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 23a. SIGNATURE <u>C. V. Hammler, M.D.</u> (Degree or title) |  | 23b. ADDRESS <u>St. James, Mo</u>                               |  | 23c. DATE SIGNED <u>12-21/54</u>                               |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>     |  | 24b. DATE <u>12-18-1954</u>                                     |  | 24c. NAME OF CEMETERY OR CREMATORY <u>New Masonic Cemetery</u> |  |
|   |  | 24d. LOCATION (City, town, or county) (State) <u>Potosi, Mo</u> |  |  |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>Dec. 27, 1954</u> |  | REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Arthur W. Smith Potosi, Mo</u> |  |
|---|--|--|--|---|--|

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

No. 300  
10-48

County File Number \_\_\_\_\_  
Date Filed January 3, 1955

JAN 5 1955

**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.....  
Signature of Student Embalmer

Signed Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.