

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16211

State File No.

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>140</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>Sedalia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1012 East 20th Street</u>				STREET ADDRESS (If rural, give location) <u>1012 East 20th Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LEATIE</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>YOKLEY</u>	
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 15, 1882</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		9. AGE (In years last birthday) <u>72</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sedalia, Missouri</u>	
13a. FATHER'S NAME <u>David D. Hammond</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Elliott</u>		14. NAME OF HUSBAND OR WIFE <u>Amos Yokley</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</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>Pheebie Robertson, Independence, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION: I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Coronary Embolism.</u> ? ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio- Vascular Disease.</u> <u>Over 5yr</u> DUE TO (c) <u>(Please see the other side.)</u> <u>Carcinoma of the Stomach.</u> <u>Over I yr.</u> 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 <u>None.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>		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>over 20 yrs</u> , to <u>May 21st 1955</u> , that I last saw the deceased alive on <u>3 weeks ago.</u> , and that death occurred at <u>?</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Sedalia, Missouri.</u>		23c. DATE SIGNED <u>5-23-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 23, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5/23/55</u>		REGISTRAR'S SIGNATURE <u>Lavina Cooney, Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Beckert</u>		ADDRESS <u>Sedalia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
GILLESPIE FUNERAL HOME

This lady was found dead on her front porch May 21st, 1955 about 8 A.M. She was sitting in a chair and had been apparently knitting. Her sister talked with her on May 18th, 1955. From the physical evidence in her home and the papers in her front yard this lady died some time between the afternoon of May 19th and the morning of May 21st, 1955. I talked with her on May 17th and she stated that she was feeling fine. Dr. Gordon Stauffach, Coroner of Pettis County saw this lady with me on the morning of May 21, 1955. Having treated her for some twenty years I feel that I can make the diagnoses on the other side of this page.

Jno. B. Carlisle, M.D.
Sedalia, Missouri,
May 23rd, 1955.

Jno. B. Carlisle

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined by me, or by, Student Embalmer No., working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Russell C. Mac*

Licensed Embalmer No. *48*

P. O. Address. *Sedalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.