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FILED JUN 21 1955

38137-55

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19811

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3054 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY Francis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Francis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Bonne Terre, Mo.)	c. LENGTH OF STAY (in this place) township)	c. CITY OR TOWN Farmington, Mo	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 Bonne Terre Hospital		STREET ADDRESS (If rural, give location) 0940	

3. NAME OF DECEASED (Type or Print) a. (First) Roger b. (Middle) Dale c. (Last) Yeager			4. DATE OF DEATH (Month) (Day) (Year) June 14 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH June 14 1955		9. AGE (In years last birthday) 1 <small>IF UNDER 1 YEAR</small> Months 1 Days 30 <small>IF UNDER 12 HRS.</small> Hours 1 Min. 30
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Infant - none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Bonne Terre, Mo.		12. CITIZENRY OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Harold Glenwood Yeager		13b. MOTHER'S MAIDEN NAME Norma Jean Treaster		14. NAME OF HUSBAND OR WIFE Never married	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Harold Yeager ADDRESS 719 Overton Farmington			
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity, multiple congenital anomalies		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 7593	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 **6-14, 1955**, to **6-14, 1955** that I last saw the deceased alive on **6-14, 1955**, and that death occurred at **2:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD	23b. ADDRESS Farmington Mo	23c. DATE SIGNED 6-16-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 15 1955	24c. NAME OF CEMETERY OR CREMATORY Parkview	24d. LOCATION (City, town, or county) (State) Farmington Mo.
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DATE REC'D BY LOCAL REG. 6-16-1955	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Gozean ADDRESS Farmington, Mo.
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(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..

Student.....
Signature of Student Embalmer

not embalmed

Signed.....
A. S. Cozzer

Licensed Embalmer No. *401*

P. O. Address *Farming*

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.