

FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28630

|   |  |  |  |   |   |   |   |
|---|--|--|--|---|---|---|---|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>324</u>  |  | PRIMARY REG. DIST. NO. <u>30721</u>   |   | Registrar's No. <u>159</u>  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Saline</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> |   |   |   |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Marshall, Mo.</u> )   |  | c. LENGTH OF STAY (in this place) <u>15Yrs.</u>  |  | c. CITY OR TOWN <u>Marshall</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>577 W. Jackson</u>   |  |  |  | e. STREET ADDRESS (If rural, give location) <u>577 W. Jackson</u>   |   |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Nannie</u>   |  |  | b. (Middle) <u>Lou</u>                               |   | c. (Last) <u>Yokeley</u>  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 18 1955</u> |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>                                  | 8. DATE OF BIRTH <u>Aug. 7-1880</u>                  |   | 9. AGE (In years last birthday) <u>75</u>                               | IF UNDER 1 YEAR Months <u>0</u>   | IF UNDER 24 HRS. Days <u>11</u> Hours _____ Min. _____    |
| 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>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam Co. West Virginia</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |   |
| 13a. FATHER'S NAME <u>Charley Thomas</u>  |  |  | 13b. MOTHER'S MAIDEN NAME <u>Virginia Martin</u>     |   | 14. NAME OF HUSBAND OR WIFE <u>William J. Yokeley</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>William J. Yokeley-Marshall, Mo.</u>   |   |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer, Pancreas</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <u>157X</u> |  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo.</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) _____  |  | 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>July, 1955, to Aug 18, 1955</u> , that I last saw the deceased alive on <u>Aug 18, 1955</u> , and that death occurred at <u>10:15P m.</u> , from the causes and on the date stated above. |  |  |  |   |   |   |   |
| 23a. SIGNATURE (Degree or title) <u>Richard A. Buckles M.D.</u>   |  |  |  | 23b. ADDRESS <u>Marshall, Mo</u>  |   | 23c. DATE SIGNED <u>8-19-55</u>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>8/20/55</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park</u> |   | 24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u> |   |   |
| DATE REC'D BY LOCAL REG. <u>9-20-55</u>   |  | REGISTRAR'S SIGNATURE <u>Cecil G. Reed</u>   |  | 386-2<br>25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Deputy J. Luke Surrency - Marshall, Mo.</u>  |   |   |   |

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

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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..... *J. Leali Surrany*

Licensed Embalmer No. *323*

P. O. Address *M. Arabia*

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.