

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32929

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 4408		Registrar's No. 426	
1. PLACE OF DEATH a. COUNTY <i>Pettis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Smithton</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>Smithton</i>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>At Home</i>				e. STREET ADDRESS (If rural, give location) <i>0800</i>			
3. NAME OF DECEASED (Type or Print)		a. (First) <i>John</i>		b. (Middle) <i>J.</i>		c. (Last) <i>Yeager</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 10-1957</i>		5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	
8. DATE OF BIRTH <i>Feb 25-1877</i>		9. AGE (In years last birthday) <i>80</i>		10. MONTHS <i>7</i>		11. DAYS <i>15</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Pennsylvania</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>	
13a. FATHER'S NAME <i>Thomas Yeager</i>		13b. MOTHER'S MAIDEN NAME <i>Anna Salter</i>		14. NAME OF HUSBAND OR WIFE <i>Mollie</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>495-36-5447</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Mollie Yeager Smithton Mo</i>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i> ANTECEDENT CAUSES <i>Myocardial Infarction</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <i>10/10/57</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <i>2</i> YES ☐ NO ☒	
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) <i>4201</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>no medical treatment</i> , that I last saw the deceased alive on <i>10/10/57</i> , and that death occurred at <i>10:45 PM</i> from the causes and on the date stated above.							
23a. SIGNATURE <i>P. S. Yeager MD</i>				23b. ADDRESS <i>Smithton Mo</i>		23c. DATE SIGNED <i>10/10/57</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>Oct 18-57</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Smithton</i>		24d. LOCATION (City, town, or county) (State) <i>Smithton Mo</i>	
DATE REC'D BY LOCAL REG. <i>10-13-57</i>		REGISTRAR'S SIGNATURE <i>Frances Shelby</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>A. F. Neumeyer</i>		ADDRESS <i>Smithton Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 18 1962

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.....

Licensed Embalmer No. 3912

P. O. Address *Smithton*

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.