

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019227
STATE FILE NUMBER

FILED MAY 10 1958

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 225

S. 300
1-57

18044
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Sedalia 0804/0		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF DECEASED (If not in traveling home) HOSPITAL OR INSTITUTION Community Nursing Home 209 East 7th			Length of stay in 1b 6 wks		d. STREET ADDRESS (If outside, give location) 714 West Second		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last ALICE ELZINA YEAGER				4. DATE OF DEATH Month Day Year May 14, 1958					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 22, 1866		9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Meadville, Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Andrew Jackson Lane			13b. MOTHER'S MAIDEN NAME Allie Fails			14. NAME OF HUSBAND OR WIFE Thomas Riley Yeager			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch and service) NO			16. SOCIAL SECURITY NO. None		17. INFORMANT Andy Yeager, 2303 Dennis Rd., Sedalia, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolism							INTERVAL BETWEEN ONSET AND DEATH 5 min.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Thrombosis in leg vessels 332X		DUE TO (c) Bed fast with sluggish circulation		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis, General cachexia; Bed-fast									
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Feb. 29, 1958 to April 29, 1958 and last saw her alive on April 29, 1958 Death occurred at 12:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Albert J. Campbell, M.D.				22b. ADDRESS 312 1/2 So. Ohio Sedalia, Mo.				22c. DATE SIGNED 5-15-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/16/58		23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery		23d. LOCATION (City, town, or county) (State) Rural Pettis County, Mo.			
24. FUNERAL DIRECTOR Francis Shelby			ADDRESS Sedalia, Mo.		25. DATE RECD. BY LOCAL REG. May 16, 1958		26. REGISTRAR'S SIGNATURE Francis Shelby by Deputy Betty Yeager		

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 *Phane Ewing*

Licensed Embalmer No. *3517*
P. O. Address *Seaside*

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.