

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020792
STATE FILE NUMBER

FILED JUL 15 1958 Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Tarkio, Mo. - rural Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital		Length of stay in 1b 4 days	d. STREET ADDRESS (If outside, give location) east Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES NEWTON MELBUORNE YOEEL			4. DATE OF DEATH Month Day Year June 29, 1958
5. SEX male	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 February 7, 1888
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days 1 22	IF UNDER 24 HRS. Hours Min. 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY general	11. BIRTHPLACE (City and state or country) Fairfax, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME W.T. J Yoel	
13b. MOTHER'S MAIDEN NAME Damaris Heddrick		14. NAME OF HUSBAND OR WIFE Kate	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 486-40-7354	17. INFORMANT Address Mrs. Dick Adams Tarkio, 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) Diffuse generalized Carcinomatous Carcinoma of the Colon			INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1538			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <input type="checkbox"/> 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 Tarkio, Mo.	COUNTY STATE
21. I attended the deceased from 7/10/58 to 6/29/58 and last saw him alive on 6/29/58 Death occurred at 3:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ed Niedemeyer M.D. (Degree or title)		22b. ADDRESS Tarkio, Mo.	22c. DATE SIGNED 6/30/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7/1/58	23c. NAME OF CEMETERY OR CREMATORY English Grove Cemetery	23d. LOCATION (City, town, or county) (State) Fairfax, Mo.
24. FUNERAL DIRECTOR Davis Funeral Home		ADDRESS Tarkio, Mo.	DATE RECD. BY LOCAL REG. July 9, 1958
25. REGISTRAR'S SIGNATURE Marvin W. Schaefer			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Frost A. Browning*

Licensed Embalmer No. *3338*

P. O. Address *Tarkio, Mo.*

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.