

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028347
State File No.

FILED AUG. 18 1958

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 852

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph</u>		c. LENGTH OF STAY (in this place) <u>21 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Lincoln township</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles N.W. of Craig</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1309 north 10th Street</u>			d. STREET ADDRESS (If rural, give location) <u>4 miles N.W. of Craig</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick</u>		b. (Middle) <u>R.</u>	c. (Last) <u>Yandell</u>		4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>7</u> (Year) <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 6, 1877</u>	9. AGE (in years last birthday) <u>81</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>On farm</u>	11. BIRTH PLACE (State or foreign country) <u>Near Craig, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John A. Yandell</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Maddox</u>		14. NAME OF HUSBAND OR WIFE <u>Annie B. Yandell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dorothy Windhorst - Craig, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Valvular Heart disease with Failure</u>				<u>8 months</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis General</u>				<u>Unknown</u>
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Diabetes Mellitis</u>				<u>Unknown</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
					<u>4500</u>
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)	
				<u>4500</u>	
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>1-18-58</u> , to <u>8-7-58</u> , 19____, that I last saw the deceased alive on <u>8-4-58</u> , 19____, and that death occurred at <u>11:50 a.m.</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>W. C. Senne M.D.</u> (Degree or title)			23b. ADDRESS <u>207 Phy. and Surg. Bldg. Saint Joseph, Missouri</u>		23c. DATE SIGNED <u>8-9-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial & removal Aug 11, 1958</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Craig Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 12, 1958</u>	REGISTRAR'S SIGNATURE <u>Wm. Clark Endell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilbur L. Schooler - Craig, Mo.</u>		

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.....

Myself

working under my personal supervision.

Student Embalmer No.....

Signed..... *Wilber L. Schooner*

Signed.....
Student Embalmer

Licensed Embalmer No..... *3997*

P. O. Address..... *Craig, 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 this body is not embalmed, fact should be so stated above.