

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038608

STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 381 Primary Registration District No. 6179 Registrar's No. 113

300  
1-57

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Sullivan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pollock		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pollock
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	105 <sup>th</sup> STREET ADDRESS (If outside, give location) 0
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Fannie Ann Yardley			4. DATE OF DEATH Month Day Year 11 2 1958			
5. SEX F-m /	6. COLOR OR RACE w	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-24-1872		9. AGE (In years last birthday) 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Pollock - Mo		
				12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Benjamin Dennis		13b. MOTHER'S MAIDEN NAME Luanna A. McCormick		14. NAME OF HUSBAND OR WIFE Wm. H. Yardley (dead)	
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. 443X		17. INFORMANT Bernard Franklin - Milwaukee Wis	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left Ventricular Failure			INTERVAL BETWEEN ONSET AND DEATH 3 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) RT Vent. Failure, cardiac dilatation & hypertrophy - arterial 170		
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Pollock Sullivan Mo.		20f. CITY, TOWN, OR LOCATION COUNTY STATE Pollock Sullivan Mo.	
21. I attended the deceased from July 1956 to Jan 1958 and last saw her alive on Jan 1958 Death occurred at 2 a m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE Joseph S. Murgill MD		(Degree or title)		22b. ADDRESS Milan Mo	
22c. DATE SIGNED 11/5/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-4-58	
23c. NAME OF CEMETERY OR CREMATORY Pollock Mo-Cem.		23d. LOCATION (City, town, or county) Pollock Mo.		(State)	

24. FUNERAL DIRECTOR Schneiders Dorothy Schneiders		ADDRESS Milan Mo		25. DATE RECD. BY LOCAL REG. 11-6-58	
26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

no symptoms will be listed.

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 *Dwight Schaefer* .....

Licensed Embalmer No. *2667* .....

P. O. Address *Milwaukee - Wis.* .....

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.