

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043453  
STATE FILE NUMBER

FILED JAN 12 1958 Registration District No. 50 Primary Registration District No. 5176 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>Camden</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richland</b>		c. CITY OR TOWN <b>Richland</b> <span style="float: right;">0150</span>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>home</b>		d. STREET ADDRESS <b>None</b> (If outside, give location)	
Length of stay in lb <b>life.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Anna Eliza Yadon</b>		4. DATE OF DEATH <b>Dec 26, 1958</b>	
Middle Last		Month Day Year	

5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 1 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 12, 1865</b>	9. AGE (In years or birthday) <b>93</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Terre Haute, Ind</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Harrison Boore</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Beckelheimer</b>	14. NAME OF HUSBAND OR WIFE <b>John Carlyle Yadon</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Mary Weeks</b> Address <b>Richland, Mo</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Bedsores</b>	
	DUE TO (c) <b>Fractured Hip</b>	
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"/> 2

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.)
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20c. TIME OF INJURY Hour 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 <b>Richland</b> COUNTY STATE
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21. I attended the deceased from <b>Dec 15-58</b> to <b>Dec 26-58</b> and last saw her alive on <b>Dec 26-58</b> Death occurred at <b>6:10 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>J. L. Myers</b> (Degree or title) <b>D.O.</b>	22b. ADDRESS <b>Richland, Missouri</b>	22c. DATE SIGNED <b>Jan 3-1958</b>
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23a. BURIAL, CREMATION, REBURY (Specify)	23b. DATE <b>12/28/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oaklawn</b>	23d. LOCATION (City, town, or county) <b>Richland Mo</b>
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24. FUNERAL HOME OR ADDRESS <b>Hedges Funeral Homes Inc Richland, Mo</b>	DATE RECD. BY LOCAL REG. <b>Jan 5-1958</b>	26. REGISTRAR'S SIGNATURE <b>Zilpha J. Trout</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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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 *Clarence J. Moore* .....

Licensed Embalmer No. *4896* .....

P. O. Address *Waynesville, N.C.*

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.