Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002275 STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Maryville — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Francis Hospital — Length of stay in 1b 2 mos

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo — b. COUNTY Nodaway
c. CITY OR TOWN Maryville — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 703 S Main — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First BEULAH Middle MAE Last YAHRMARK

4. DATE OF DEATH Month 1 Day 8 Year 1959

5. SEX female
6. COLOR OR RACE white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 3-22-1887
9. AGE (In years last birthday) 71 — 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) Real Estate
10b. KIND OF BUSINESS OR INDUSTRY Real Estate
11. BIRTHPLACE (City and state or country) Obrelin, Kans.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William L. Perdew
13b. MOTHER'S MAIDEN NAME Ella Shipps
14. NAME OF HUSBAND OR WIFE Ed Yahrmark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 500 36 4265
17. INFORMANT Ed Yahrmark, Address Maryville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Janus c̄ Metastasis — INTERVAL BETWEEN ONSET AND DEATH ?
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) 1915
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 10/8/54, to 1/8/59 and last saw her/him alive on 1/8/59
Death occurred at 7:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. F. Bylard M D
22b. ADDRESS Maryville Missouri
22c. DATE SIGNED 1/10/59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 1/11/1959
23c. NAME OF CEMETERY OR CREMATORY Miriam Cemetery
23d. LOCATION (City, town, or county) Maryville, Mo (State)

24. FUNERAL DIRECTOR G M Atkinson ADDRESS Maryville
25. DATE RECD. BY LOCAL REG. 1-10-59
26. REGISTRAR'S SIGNATURE Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 G. M. Atkinson

Licensed Embalmer No. 3279

P. O. Address Marysville

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.