Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008534
STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 288

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN: St. Jospeh — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo.Meth.Hosp. — Length of stay in Ib: 19 days

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

3. NAME OF DECEASED (Type or print): First: THOMAS Middle: MC GILL Last: YOCUM

4. DATE OF DEATH Month Day Year: March 16, 1959

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: August 21,1889

9. AGE (In years last birthday): 69 — 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): Barber

10b. KIND OF BUSINESS OR INDUSTRY: Barber Shop

11. BIRTHPLACE (City and state or country): DeKalb, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Francis Scott Yocum

13b. MOTHER'S MAIDEN NAME: Samantha Simmons

14. NAME OF HUSBAND OR WIFE: Anna Frances Yocum

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.: unknown

17. INFORMANT Address: Mrs. Anna Yocum, DeKalb, 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) Convulsive state due to electolyte imbalance — INTERVAL BETWEEN ONSET AND DEATH: ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Dynamic ileus secondary to wound disruption — 8 days
DUE TO (c) Subtotal gastectomy for carcinoma of stomach — 16 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Anemia, secondary to above. 151XK

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 Aug. 1956, to 16 March 59 and last saw him alive on 16 March 59
Death occurred at 2:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wilbur P. McDonald M.D.
22b. ADDRESS: 301 N. 8th St. St. Joseph
22c. DATE SIGNED: 17 March 59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3/18/1959
23c. NAME OF CEMETERY OR CREMATORY: Westlawn Cemetery
23d. LOCATION (City, town, or county) (State): DeKalb Missouri

24. FUNERAL DIRECTOR ADDRESS: Heaton-Bowman St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Mar. 19, 1959
26. REGISTRAR'S SIGNATURE: Mr. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wilbur P. McDonald

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner, Coroner, etc. must use only standard nomenclature in their rulings. No symptoms will be accepted. 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 .....

Licensed Embalmer No. 4535

P. O. Address .....

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.