

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008965
STATE FILE NUMBER

FILED APR 1 1959 Registration District No. 102 Primary Registration District No. 4174 Registrar's No. 2

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| 1. PLACE OF DEATH a. COUNTY Dunklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cardwell | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Cardwell 03.50 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|-----------------------|-----------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or print) | First WILEY | Middle BOYD | Last YEARGAIN | 4. DATE OF DEATH Month March Day 8 Year 1959 |
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|-----------------------|----------------------------------|---|---|--|--|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 15, 1909 | 9. AGE (In years and birth day) 49 | 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) None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Cardwell, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Boyd Yeargain | 13b. MOTHER'S MAIDEN NAME Julia Ann Valentine | 14. NAME OF HUSBAND OR WIFE |
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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) NO | 16. SOCIAL SECURITY NO. 498-03-9454 | 17. INFORMANT Herschel Yeargain, Cardwell, Missouri | Address |
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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) Self-inflicted gunshot wound. | | INTERVAL BETWEEN ONSET AND DEATH 10 min |
| 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) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot self in head |
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| 20c. TIME OF INJURY app. 10:30 p.m. 3-8-59 | Hour _____ Month _____ Day _____ Year _____ |
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| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 20f. CITY, TOWN, OR LOCATION Cardwell | COUNTY Dunklin | STATE Mo. |
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at **app. 10:40 p.** m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Guntory James M.D. Coroner | (Degree or title) 3 | 22b. ADDRESS Kennett, Mo. | 22c. DATE SIGNED 3-14-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3/11/59 | 23c. NAME OF CEMETERY OR CREMATORY Cardwell | 23d. LOCATION (City, town, or county) (State) Cardwell, Missouri |
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| 24. FUNERAL DIRECTOR Heath Funeral Home, Paragould, Ark. | ADDRESS | 25. DATE RECD. BY LOCAL REG. 3-18-59 | 26. REGISTRAR'S SIGNATURE Edna Ballou |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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-57

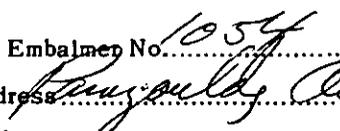
Dr. Harver
Coroner

COUNTY FILE NUMBER

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. 1054
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.