

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018042

FILED JUN 9 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2544

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 3438 KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) RESEARCH HOSP.		Length of stay in lb 2 YRS.	d. STREET ADDRESS (If outside, give location) 817 EAST 30th ST.
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) HARVEY J. YEARY			4. DATE OF DEATH Month MAY Day 20 Year 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 28 1937	

9. AGE (In years last birthday) 21		IF UNDER 1 YEAR Months 7 Days 1 Hours 1 Min.	IF UNDER 24 HRS Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - TRUCKER STOWMAN C. B.		10b. KIND OF BUSINESS OR INDUSTRY & O. RAILROAD.	11. BIRTHPLACE (City and state or country) BRADLEYVILLE, MO.
12. CITIZEN OF WHAT COUNTRY? USA.			

13a. FATHER'S NAME WHITE YEARY	13b. MOTHER'S MAIDEN NAME DOVIE COMBS	14. NAME OF HUSBAND OR WIFE JANE YEARY
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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 38 9238	17. INFORMANT Address WHITE YEARY BRADLEYVILLE, MO.
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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) Fractured Skull Lacerated Brains		INTERVAL BETWEEN ONSET AND DEATH 7
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) 9123	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Lobar Pneumonia		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Operating a highlift which
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20c. TIME OF INJURY Hour 5 Month 11 Day 59 Year a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (Give line about home, farm, factory, street, or other location) BYB's yard Kansas City Jackson mo	20f. CITY, TOWN, OR LOCATION 123	COUNTY 13	STATE 13
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Hugh H. Owens	22b. ADDRESS 1034 Platts Bldg	22c. DATE SIGNED 5-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MAY 20, 1959	23c. NAME OF CEMETERY OR CREMATORY AVE CEM.	23d. LOCATION (City, town, or county) (State) AVA MO.
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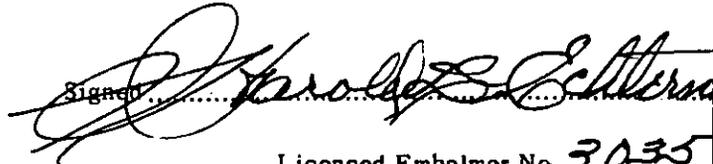
24. FUNERAL DIRECTOR W. W. McCombs's Son Mo.	ADDRESS K.C.	25. DATE RECD. BY LOCAL REG. 5-21-59	26. REGISTRAR'S SIGNATURE neva minshall
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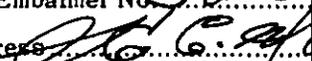
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Hugh H. Owens

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

Signature 

Licensed Embalmer No. 3035
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.