

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036912

FILED VS NOV 12 1959

209

Primary Registration District No. 3043

Registrar's No. 347

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		Length of stay in 1b <b>42 yrs.</b>	c. CITY OR TOWN <b>Hannibal</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1259 Lyon Street</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1259 Lyon St.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>ELMER CLARENCE YOCHUM</b>	First Middle Last	4. DATE OF DEATH <b>10 - 28 - 59</b>	Month Day Year
---	-------------------	---	----------------

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-28-83</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
-----------------------	----------------------------------	---	------------------------------------	-------------------------------------	--------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cleaner and Presser</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>West End Cleaners</b>	11. BIRTHPLACE (City and state or country) <b>Perry, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
---	---	---	--

13a. FATHER'S NAME <b>Daniel Yochum</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Hamilton</b>	14. NAME OF HUSBAND OR WIFE <b>Ethel Yochum</b>
--	--	--

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.	17. INFORMANT <b>Mrs. Ethel Yochum, 1259 Lyon St.</b>	Address <b>Hannibal, Mo.</b>
---	-------------------------	--	------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b>		<b>1 day</b>
DUE TO (b) <b>Basal artery syndrome.</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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
---	---	--

20c. TIME OF INJURY Hour .a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE
--	--	--	--

21. I attended the deceased from <b>7/20/59</b> to <b>10/27/59</b> 3:45 A.M. to 10/27/59 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.	her last saw him alive on <b>10/27/59</b>
---	---

22a. SIGNATURE <b>W. J. Roller</b> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>Hannibal, Missouri</b>	22c. DATE SIGNED <b>Nov 6/59</b> (State)
---	---	---

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-31-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Grand View Burial Park</b>	23d. LOCATION (City, town, or county) <b>Hannibal, Mo.</b>
--	------------------------------	---	---

24. FUNERAL DIRECTOR <b>Jack Schwartz - Hannibal, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>11/9/59</b>	26. REGISTRAR'S SIGNATURE <b>E. M. Luder</b>
--	---------	--	---

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Jack Schwartz  
Licensed Embalmer No. 4900

P. O. Address Hannibal,

**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.