

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004850

FILED VS FEB 9 1960 360

Registration District No. _____ Primary Registration District No. 3076 Registrar's No. 15 STATE FILE NUMBER

| | | | | | | | | | |
|--|---|---|---|--|---|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u> | | Length of stay in 1b <u>2 yrs</u> | | c. CITY OR TOWN <u>Nevada</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Manlove Nur. Home</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>R F D # 2</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Maude Dell Yardley</u> | | | | 4. DATE OF DEATH Month Day Year <u>Jan. 9 60</u> | | | | | |
| 5. SEX <u>f</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Jul. 1880</u> | 9. AGE (last birthday) <u>79</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Jane Lou, W. Va.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>usa</u> | | |
| 13a. FATHER'S NAME <u>Daniel White</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Viola Douglas</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Coarence Yardley</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT Address <u>Mrs Ralph Hoselton, Nevada, Mo.</u> | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocarditis</u> DUE TO (b) <u>Hypertensive Circulatory Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Don't Know</u> <u>Don't Know</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Advanced Age.</u> | | | | | | 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 checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT SUICIDE HOMICIDE <u>none</u> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>none</u> | | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year <u>7 P.m.</u> | | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | | 20e. PLACE OF INJURY (e.g., in or about home, town, factory, street, office bldg., etc.) <u>Nevada</u> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Vernon Mo.</u> | |
| 21. I attended the deceased from <u>March 1959</u> to <u>Jan 9 - 1960</u> and last saw her <u>live</u> on <u>Jan 8 - 1960</u> . Death occurred at <u>Manlove Nursing Home</u> <u>7 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE <u>AS Love</u> (Print or title) | | | | 22b. ADDRESS <u>Nevada Mo</u> | | | 22c. DATE SIGNED <u>1-12-60</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>1/11/60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cem.</u> | | 23d. LOCATION (City, town, or county) (State) <u>milan Mo.</u> | | | | |
| 24. FUNERAL DIRECTOR <u>Richard L. Shorten Nevada, Mo.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>Feb 3 - 1960</u> | | 26. REGISTRAR'S SIGNATURE <u>Arma & Jerry</u> | | | |

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lloyd C. McLeod

Licensed Embalmer No. 4853

P. O. Address Florida, Mo

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.