

U R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016366

FILED VS. MAY 3 1960 274

STATE FILE NUMBER

ENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 168

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Pettis				a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in 1b 2 yrs.		c. CITY OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S. Hiway #65		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 163 S. Summer		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED				4. DATE OF DEATH			
First Middle Last WILLIAM WRIGHT YANCEY				Month Day Year April 25, 1960			
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 Sep. 6, 1902	
9. AGE (last birthday) 57		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) Insurance Agent		10b. KIND OF BUSINESS OR INDUSTRY Salesman		11. BIRTHPLACE (City and state or country) Lincoln, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles William Yancey		13b. MOTHER'S MAIDEN NAME Nannie Lee Gorrell		14. NAME OF HUSBAND OR WIFE Earlene Marshall Yancey			
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. 492-18-2812		17. INFORMANT Mrs. Earlene Yancey - Sedalia, Mo.			
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) <u>Cornary embolism</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cornary heart disease</u>							
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 viewed the deceased from <u>as corpse</u> and last saw her alive on <u>2:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <u>2:00 p.m.</u>							
22a. SIGNATURE <u>Chas Jordan</u>		(Officer or title)		22b. ADDRESS <u>Cornery, Pettis Co</u>		22c. DATE SIGNED <u>4-26-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 27, 1960		23c. NAME OF CEMETERY OR CREMATORY Knob Noster Cemetery		23d. LOCATION (City, town, or county) (State) Knob Noster Missouri	
24. FUNERAL DIRECTOR D.W. Heckart - Sedalia, Mo.		ADDRESS Gillespie Funeral Home		25. DATE RECD. BY LOCAL REG. April 26 1960		26. REGISTRAR'S SIGNATURE <u>Frances A Kelby</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 10 1960

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 Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Sedalia, 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.