

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030881

FILED VS. AUG 23 1960

149

Primary Registration District No. 1002

Registrar's No. 4077

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>17 Yrs</b>		c. CITY OR TOWN <b>Kansas City</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>St Joseph's Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>525 Skiles</b>	
3. NAME OF DECEASED (Type or print) First <b>AUDIE</b> Middle <b>MAE</b> Last <b>YOCUM</b>				4. DATE OF DEATH Month <b>August</b> Day <b>7</b> Year <b>1960</b>			
5. SEX <b>Female</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>5/11/1897</b>	
				9. AGE (last birthday) <b>63</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales Man</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>		11. BIRTHPLACE (City and state or country) <b>Carroll Co Arkansas</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>							
13a. FATHER'S NAME <b>Columbus Oneal</b>				13b. MOTHER'S MAIDEN NAME <b>Margaret Butler</b>		14. NAME OF HUSBAND OR WIFE <b>George Yocum</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. <b>484-10-0634</b>		17. INFORMANT <b>Mr George Yocum 525 Skiles K C Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary embolism</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 minute</b> <b>10 days</b> <b>3 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Pulmonary arteriosclerosis</b>							
DUE TO (c) <b>Hypertension &amp; Cholelithiasis &amp; Cholecystitis</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertension &amp; Cholelithiasis &amp; Cholecystitis</b>							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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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>16 July 60</b> to <b>7 Aug 60</b> and last saw her alive on <b>6 Aug 60</b> Death occurred at <b>10:05</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (In case of error) <b>Glenn Elliott</b>				22b. ADDRESS <b>1402 Bryant Bldg K C 62 Mo</b>		22c. DATE SIGNED <b>8 Aug 60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Aug 10 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Blue Eye Cemetery</b>		23d. LOCATION (City, town, or county) <b>Blue Eye Missouri</b>	
24. FUNERAL DIRECTOR <b>Sheil Funeral Home Kansas City Mo</b>				25. DATE RECD. BY LOCAL REG. <b>8-8-60</b>		26. REGISTRAR'S SIGNATURE <b>H-L. Dwyer</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Glenn Elliott

Dr SKINNER

AUG 23 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thomas A. Smith

Licensed Embalmer No. 495

P. O. Address K.P. 9

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
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.