

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045524

MENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 195

Primary Registration District No. _____

Registrar's No. 2-62

STATE FILE NUMBER

AMENDED **FILED JAN 10 1962**

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY McDonald	b. CITY (If outside corporate limits, give TOWNSHIP only) Jane	a. STATE Missouri	b. COUNTY McDonald
Length of stay in lb Life		c. CITY OR TOWN Jane	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Tammie	Middle Gaye	Last Yeargin	Month December	Day 31	Year 1961
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-18-1961	9. AGE (last birthday)	IF UNDER 1 YEAR Months 2 Days 13 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Neosho, Missouri	12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME Tommy Yeargin	13b. MOTHER'S MAIDEN NAME Treva May Stephens	14. NAME OF HUSBAND OR WIFE
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. Never Had One	17. INFORMANT Mrs. Tommy Yeargin, Jane, Missouri

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 Unknown
IMMEDIATE CAUSE (a) Pulmonary Pneumonia (Investigated By R. M. Humphrey Jr.) Coroner McDonald, Co.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal 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
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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 Jane, Missouri		COUNTY McDonald

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **5:00 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Mary A. T. Bradley (Degree or title) Registrar	22b. ADDRESS Pineville, Missouri	22c. DATE SIGNED 1/2/62
23a. BURIAL, CREMATION, REINTERMENT, OR OTHER DISPOSITION Burial	23b. DATE Jan. 1, 1962	23c. NAME OF CEMETERY OR CREMATORY Jane Cemetery
23d. LOCATION (City, town, or county) Jane, Missouri		(State)

24. FUNERAL DIRECTOR HUMPHREY FUNERAL HOME, Pineville, Mo.	25. DATE RECD. BY LOCAL REG. 1/2/62	26. REGISTRAR'S SIGNATURE Mary A. T. Bradley
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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: Wayne A. Woodard

Licensed Embalmer No. 5172

P. O. Address Paul, 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.