

# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-005265

STATE FILE NUMBER

AMENDED

FILED JAN 23 1962

Primary Registration District No. 3076

Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</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>56 Yrs.</u>		c. CITY OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>331 N. College</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>331 N. College</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <u>Jesse James Yeazle</u>				4. DATE OF DEATH Month <u>January</u> Day <u>12</u> Year <u>1962</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 14, 90</u>		9. AGE (last birthday) <u>71</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>Operator Grocery St.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>		11. BIRTHPLACE (City and state or country) <u>Pappinsville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>					
13a. FATHER'S NAME <u>James Yazle</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret Ellen</u>				14. NAME OF HUSBAND OR WIFE <u>Georgia Yazle</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> <u>x</u> <u>x</u> <u>x</u>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Georgia Yazle, Nevada, Mo.</u>							
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 <u>sudden</u>			
IMMEDIATE CAUSE (a) <u>gunshot wound</u>													
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>charge entered left chest at level of 5th interspace coursing upward to heart</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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>12 ga. shotgun</u>									
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				
<u>never</u>		21. Attended the deceased from _____, to _____ and last saw him alive on <u>January 12, 1962</u> Death occurred at <u>3:00 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>L. Shorten</u> (Dr. free or title)				22b. ADDRESS <u>Nevada, Missouri</u>				22c. DATE SIGNED <u>1-13-1962</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Jan 15</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>			23d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>						
24. FUNERAL DIRECTOR <u>Richard L. Shorten, Nevada, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Jan 16-1962</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Perry</u>							

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 *Richard J. Shorter*

Licensed Embalmer No. 4532

P. O. Address *Greenville, SC*

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.