MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023560

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3046

FILED JUN 25 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1
2 3648 2
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4 1
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7 1
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9 331 X
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12 90-2
13

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b 18 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1708 EAST 41st St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1708 EAST 41st St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First KATIE Middle CLYDE Last YEAKLE

4. DATE OF DEATH Month Day Year JUNE 6, 1962

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 12-29-1874

9. AGE (last birthday) 87 years — 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) HOMEMAKER

10b. KIND OF BUSINESS OR INDUSTRY AT HOME

11. BIRTHPLACE (City and state or country) HUMBOLDT, NEBRASKA

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JAMES A. SHRADER

13b. MOTHER'S MAIDEN NAME CATHERINE McDOUGAL

14. NAME OF HUSBAND OR WIFE EDGAR F. YEAKLE, DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Address Mrs. Fern West Drake, 1708 E. 41st, K.C.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) cerebral hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) generalized arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Old CVA - senility

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 1958, to 1962 and last saw her/him alive on June 6
Death occurred at 4:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James E. Griffin Jr. [signature]

22b. ADDRESS 3980 Paseo K C Mo

22c. DATE SIGNED 6/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE JUNE 9, 1962

23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY

23d. LOCATION (City, town, or county) (State) SENECA, KANSAS

24. FUNERAL DIRECTOR MUEHLEBACH, ADDRESS 6800 TROOST, K.C.MO.

25. DATE RECD. BY LOCAL REG. 6-8-62

26. REGISTRAR'S SIGNATURE Ruth H Long

MEDICAL CERTIFICATION J.E. Griffin

(Licensed Embalmer's Statement on Reverse Side)

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 Danny C. Kerns, Student Embalmer No. 647 working under my personal supervision.

Student Danny C. Kerns
Signature of Student Embalmer

Signed C. D. Nelson

Licensed Embalmer No. 4421

P. O. Address K.C. 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.