

YARBRO

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-024105

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 367 Primary Registration District No. 3089 Registrar's No. 116

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY-AFFIDAVIT OF

FILED JUL 9 1962

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Haut, Missouri Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pemiscot County Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY New Madrid
c. CITY OR TOWN Catron Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) W. M. of Catron Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
James LAWSON YARBRO Jr. June 19 62

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 6-18-62 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min 18 39

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) 12. CITIZEN OF WHAT COUNTRY
Shayti, Mo. U.S.

13a. FATHER'S NAME James Lawson Yarbro 13b. MOTHER'S MAIDEN NAME MARIE LOREAN Montgomery 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) 16. SOCIAL SECURITY NO. 17. INFORMANT Address
James Yarbro Catron, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory Failure INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General physical immaturity - Newborn
DUE TO (c) infant male - premature - Estimated > 8 weeks gestation

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.
 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 6/18/62 to 6/19/62 and last saw him alive on 6/19/62
Death occurred at 2:55 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. D. Double, M.D. (Degree or title) 22b. ADDRESS Portageville, Mo 22c. DATE SIGNED 6/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Buried 23b. DATE 6-20-62 23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Care 23d. LOCATION (City, town, or county) (State) New Madrid, Mo

24. FUNERAL DIRECTOR Charles L. Lamm ADDRESS 6-35-62 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Charlotte Adams

USE BLACK INK OR TYPEWRITER RIBBON

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

Not Embalmed
Signature of Licensed Embalmer
Signed _____

Licensed Embalmer No. 5038

P. O. Address Lithia, 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.