S. No. 300
v. 10-48

FILED MAY 15 1957

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 13923

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5749 Registrar's No. 20

**1. PLACE OF DEATH**
a. COUNTY: MADISON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POLK TOWNSHIP
c. LENGTH OF STAY (In this place): 4 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 13 mi. S.W. of FREDERICKTOWN

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: MADISON
c. CITY OR TOWN: 0620 0
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): 13 mi. S.W. of FREDERICKTOWN

**3. NAME OF DECEASED** (Type or Print): a. (First) EUGENE b. (Middle) ISAAC c. (Last) YAWNEY

**4. DATE OF DEATH**: (Month) MAY (Day) 4, (Year) 1957

**5. SEX**: MALE

**6. COLOR OR RACE**: WHITE

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED

**8. DATE OF BIRTH**: JULY 17, 1883

**9. AGE** (In years last birthday): 73 IF UNDER 1 YEAR Months: 9 Days: 17 IF UNDER 24 HRS. Hours: Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): FARMER

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (City and State or Foreign Country): POSIE COUNTY, INDIANA

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: PETER YAWNEY

**13b. MOTHER'S MAIDEN NAME**: MARY CHANEY

**14. NAME OF ~~HUSBAND~~ OR WIFE**: DELURES LOUISE YAWNEY

**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'S SIGNATURE OR NAME ADDRESS**: MRS. EUGENE YAWNEY - FREDERICKTOWN, MO.

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral arterial Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral Arteriosclerosis — yrs.
DUE TO (c): Generalized Arteriosclerosis — yrs.

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: Arteriosclerotic Heart Disease with Auricular Fibrilation and Hypertension — yrs.

**19a. DATE OF OPERATION**:

**19b. MAJOR FINDINGS OF OPERATION**: 332X

**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify):

**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.):

**21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**:

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.:

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* Feb 21, 1956, *to* May 2, 1957, *that I last saw the deceased alive on* May 2, 1957, *and that death occurred at* 11:10 A. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Charles E. Mubrels MD

**23b. ADDRESS**: 135 S. Minnesota Fredericktown Missouri

**23c. DATE SIGNED**: May 7 '57

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL

**24b. DATE**: MAY 6, 1957

**24c. NAME OF CEMETERY OR CREMATORY**: ASHLOCK CEMETERY

**24d. LOCATION** (City, town, or county) (State): MADISON COUNTY, MO.

**DATE REC'D BY LOCAL REG.**: 5-9-1957

**REGISTRAR'S SIGNATURE**: Florence Dicker

**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: J. Judkinson. FREDERICKTOWN, MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

187 - 0

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
MAY 14 1957
RECEIVED
FILE No. 57-32

MAY 2 - 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown

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