

FILED MAY 15 1957

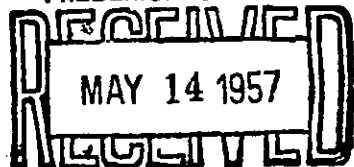
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13923**

BIRTH NO. <u>184</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>5749</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>MADISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>			
b. CITY OR TOWN <u>POLK TOWNSHIP</u>		c. LENGTH OF STAY (in this place) <u>4 YRS.</u>		c. CITY OR TOWN <u>0620</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>13 mi. S.W. of FREDERICKTOWN</u>				STREET ADDRESS (If rural, give location) <u>13 mi. S.W. of FREDERICKTOWN</u>			
3. NAME OF DECEASED (Type or Print) <u>EUGENE</u>		a. (First) <u>ISAAC</u>		c. (Last) <u>YAWNEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 4, 1957</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 17, 1883</u>	
9. AGE (In years last birthday) <u>73</u>		10. MONTH <u>9</u> DAY <u>17</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>POSIE COUNTY, INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>PETER YAWNEY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY CHANEY</u>	
13c. NAME OF HUSBAND OR WIFE <u>DELURE LOUISE YAWNEY</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u> (If yes, give war or dates of service)		15. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EUGENE YAWNEY - FREDERICKTOWN, MO.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arterial Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease with Arrhythmia Fibrillation and Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u> <u>YRS.</u> <u>YRS.</u> <u>YRS.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>				20. AUTOPSY? <u>1</u> 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) (Minute)		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 <u>Feb 21, 1956</u> , to <u>May 2, 1957</u> , that I last saw the deceased alive on <u>May 2, 1957</u> , and that death occurred at <u>11:12 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles E. Muehlebach MD</u>				23b. ADDRESS <u>135 S. Minchamille Fredericktown Missouri</u>		23c. DATE SIGNED <u>May 7, 57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 6, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ASHLOCK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>5-9-1957</u>		REGISTRAR'S SIGNATURE <u>Lawrence A. Baker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William. FREDERICKTOWN, MO.</u>			

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 557-32

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 embalmed
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 Fredricktown

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.