

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0018489

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 4200 Registrar's No. 761

FILED JUN 6 1967	
1. PLACE OF DEATH	
a. COUNTY <u>Greene</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ash Grove</u>	a. STATE <u>Missouri</u> COUNTY <u>Greene</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>—</u>	b. CITY OR TOWN <u>Ash Grove</u>
Length of stay in 1b <u>Many yrs.</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>—</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED	
(Type or print)	First Middle Last
<u>Effie Yokum</u>	
4. DATE OF DEATH	
Month Day Year <u>May 22, 1967</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negrae</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/12/1890</u>
9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) <u>Everton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Harvey Reaves</u>	13b. MOTHER'S MAIDEN NAME <u>Cassie Thompson</u>
14. NAME OF HUSBAND OR WIFE <u>Frank Yokum</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>
16. SOCIAL SECURITY NO. <u>491-42-6297</u>	17. INFORMANT <u>Clloyd Yokum, Ash Grove, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>ACUTE CARDIAC ARREST</u>	
DUE TO (b) <u>CARDIAC DECOMPENSATION</u>	
DUE TO (c) <u>ARTERIO SCLEROSIS</u>	
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 type="checkbox"/> HOMICIDE <input type="checkbox"/>
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.	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
21. I attended the deceased from <u>JAN 9 - 1967</u> to <u>MAY 10 1967</u> and last saw her/him alive on <u>MAY 15 1967</u> Death occurred at <u>12:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>C. H. Stuart Do</u>	22b. ADDRESS <u>Ash Grove Mo</u>
22c. DATE SIGNED <u>5/22/67</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/24/1967</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Berry Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ash Grove, Missouri</u>
24. FUNERAL DIRECTOR <u>Ray L. Baum</u>	25. DATE RECD. BY LOCAL REG. <u>5-29-67</u>
26. REGISTRAR'S SIGNATURE <u>Bernice T. [Signature]</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0390

2 0390

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4 3

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9 4330

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12 90-2

13

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 Joseph L. Harvey

Licensed Embalmer No. 4702

P. O. Address Asht Grove - Wyo.

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.