

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25692**

FILED AUG 8 - 1956

BIRTH NO. _____		REG. DIST. NO. 320		PRIMARY REG. DIST. NO. 6099		Registrar's No. 10		
1. PLACE OF DEATH a. COUNTY Schuyler				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE Missouri b. COUNTY Schuyler				
b. CITY OR TOWN Rural Prairie		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN 6 miles East of Queen City		d. Is residence within limits of a city or incorporated town? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 6 miles East of Queen City				
3. NAME OF DECEASED (Type or Print) CARL AUGUST YEARNs			a. (First)			b. (Middle)		
c. (Last) YEARNs			4. DATE OF DEATH			7 26 56 (Month) (Day) (Year)		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept 30, 1874		
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months Days		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) Queen City Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Henry Yearns		13b. MOTHER'S MAIDEN NAME Augusta Baker		14. NAME OF HUSBAND OR WIFE Frankie Yearns	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give unit) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Henry Yearns		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary failure			DUPLICATE				10 min	
ANTECEDENT CAUSES			DUE TO (b) Lt. heart failure				48 hrs	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) Arteriosclerosis				6 yrs.	
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.				10 yrs.	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 4510				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from July 19, 1955 to July 26, 1956 , that I last saw the deceased alive on July 26, 1956 , and that death occurred at 9:30 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE H. Yearns D.R. (Degree or title)				23b. ADDRESS 2 Tutwiler Missouri		23c. DATE SIGNED 7/27/56		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 29, '56		24c. NAME OF CEMETERY OR CREMATORY Germania Cemetery		24d. LOCATION (City, town, or county) (State) Queen City (rural) Mo		
DATE REC'D BY LOCAL REG. 7-29-56		REGISTRAR'S SIGNATURE Miss. P. J. Drake		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dooley Funeral Home Queen City Mo				

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

353

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 *Paul J. Cook*

Licensed Embalmer No. 4619

P. O. Address .. Queens City,

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.