

FILED APR 10 1956

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7936

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>93</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Schuyler</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirkville</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY OR TOWN <u>Queen City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirkville Osteopathic Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>09501</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Rudolph</u> c. (Last) <u>Yearns</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 1956</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>May 18, 1881</u>			
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>14</u>		IF UNDER 4 HRS. Hours <u>14</u> Min. _____		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		11. BIRTH PLACE (City and State or Foreign Country) <u>Schuyler Co. Mo.</u>		14. NAME OF HUSBAND OR WIFE		
13a. FATHER'S NAME <u>Henry Yearna</u>			13b. MOTHER'S MAIDEN NAME <u>Augusta Bahm</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Ms. Helen Aldridge, Downing Mo.</u>		ADDRESS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>6</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.				
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute circulatory failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 hours</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Hypertensive vascular disease</u>				24 hours <u>24 hours</u> <u>years</u>					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3.3ix</u>						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) (Min.)		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 <u>April 1, 1956</u> , to <u>April 2, 1956</u> , that I last saw the deceased alive on <u>April 2, 1956</u> , and that death occurred at <u>8:12 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. G. Gutierrez, D.O.</u>				23b. ADDRESS <u>Kirkville Mo.</u>		23c. DATE SIGNED <u>4-2-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 4, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Germana</u>		24d. LOCATION (City, town, or county) (State) <u>Queen City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-3-56</u>		REGISTRAR'S SIGNATURE <u>Nak Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Moore Funeral Home, Downing Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Neal Payne*.....  
Licensed Embalmer No. *255*.....

P. O. Address *Memphis*.....

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.