

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36708**

FILED OCT 23 1956

BIRTH NO. _____		REG. DIST. NO. <u>325</u>		PRIMARY REG. DIST. NO. <u>4099</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before (in hospital).) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY OR TOWN <u>Rural-East Prairie</u>		c. LENGTH OF STAY (in this place township) <u>5 years</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 _____				e. STREET ADDRESS (If rural, give location) <u>5 Mch East of Queen City</u>			
3. NAME OF DECEASED (First) <u>Sarah</u>		b. (Middle) <u>Pauline</u>		c. (Last) <u>Yeans</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 14 56</u>	
5. SEX <u>Female</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 8 1920</u>	
9. AGE (In years last birthday) <u>36</u>		IF UNDER 1 YEAR Months _____		IF UNDER 2 HRS. Hours _____		IF UNDER 4 MIN. Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, when if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Sumner Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lawrence Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Wm Bailey</u>		14. NAME OF HUSBAND OR WIFE <u>Paul Yeans</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Paul Yeans</u> ADDRESS <u>Queen City</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		ANTECEDENT CAUSES				2 years	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Metastatic Ca. left lung + bronchys</u>				3 years	
DUE TO (c) <u>Adeno-carcinoma (carcinoma) left</u>		II. OTHER SIGNIFICANT CONDITIONS				2 years	
Conditions contributing to the death but not related to the disease or condition causing death.		<u>Horner's Syndrome</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		170X	
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 <u>8/23</u> , 19 <u>50</u> , to <u>10/14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10/13</u> , 19 <u>56</u> , and that death occurred at <u>1:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward M. Roberts M.D.</u> (Degree and Title)				23b. ADDRESS <u>Queen City, Mo.</u>		23c. DATE SIGNED <u>10/17/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-16-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Germania</u>		24d. LOCATION (City, town, or county) (State) <u>East of Queen City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10.20.56</u>		REGISTRAR'S SIGNATURE <u>Mrs. C. J. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Woolly Funeral Home Queen City, Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

5 y

**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 *Jack H. Dooly*.....

Licensed Embalmer No. *4619*.....

P. O. Address *Queen City, Mo.*

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.