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FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12048

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6134 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY SHANNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SHANNON	
b. CITY OR TOWN RURAL - Pike Creek Twp	c. LENGTH OF STAY (in this place) 54 yrs	c. CITY OR TOWN RURAL	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 Star Rt. Winona		e. STREET ADDRESS (If rural, give location) Star Rt. Winona 1010	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) ADOLPH	c. (Last) YAGER	4. DATE OF DEATH (Month) (Day) (Year) 2- 73- 56
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) 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) FARMING	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and State or Foreign Country) Polaski County, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Adolph Yager	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE IDA YAGER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or none) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME IDA YAGER, Star Rt. Winona MO	ADDRESS
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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) CORONARY Occlusion		1 minute
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Senility		
II. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Mar. 1, 1950, to 2/23, 1956, that I last saw the deceased alive on 2/22, 1956, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE C.E. Sharp (Degree or title) DO 2	23b. ADDRESS Winona MO	23c. DATE SIGNED 3/15/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-25-56	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery	24d. LOCATION (City, town, or county) (State) SHANNON COUNTY MO
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DATE REC'D BY LOCAL REG. 3-19-56	REGISTRAR'S SIGNATURE Mahel Reese	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Coleman M. Spitzer Tea Room, Mo
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(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..... *Allen C. D. Johnson*

Licensed Embalmer No. *457*

P. O. Address *Tam. Pa.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.