

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-045288

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 447

FILED NOV 16 1965

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Desloge		c. CITY OR TOWN Desloge	
Length of stay in 1b 10 years		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 401 Pine St.		d. STREET ADDRESS (If outside, give location) 401 Pine St.	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☒ No ☐	

3. NAME OF DECEASED (Type or print) James Garfield Yawberry			4. DATE OF DEATH Month November Day 6 Year 1965		
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH Mar. 6, 1892	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days 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 Farming		11. BIRTHPLACE (City and state or country) Crawford Co. Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Henry Yawberry			
13b. MOTHER'S MAIDEN NAME Mary Headley		14. NAME OF HUSBAND OR WIFE Rosie Yawberry			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Rosie Yawberry, Desloge, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH 11 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic BRONCHITIS		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
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19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	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 ☐ NOT WHILE AT WORK ☐		
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 DEC 1954 to 11-6-65 and last saw him alive on 11-2-65	
Death occurred at 10:00A m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE C. E. Carleton MD	22b. ADDRESS Harrison, Mo	22c. DATE SIGNED 11-9-65
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 9, 1965	23c. NAME OF CEMETERY OR CREMATORY St. Francois Mem. Park
23d. LOCATION (City, town, or county) St. Francois Co., Missouri		23e. DATE RECD. BY LOCAL REG. Nov. 9, 1965

24. FUNERAL DIRECTOR C. Z. Boyer & Son, Inc. Desloge, Mo	25. REGISTRAR'S SIGNATURE Ether Kullhoff
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1 0940

2 0940

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12 90-0

13 1-2

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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Leesburg 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.