MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0044424 STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 4234 Registrar's No. 107

DO NOT WRITE ON THIS STUB

AMENDED NV FILED 23 64

VS 300 Rev. 4/59

1 0470
2 0940
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

2

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY: Iron

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ironton

Length of stay in 1b: 5 days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary's of the Ozarks

Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: St. Francois

c. CITY OR TOWN: Farmington

Inside Limits: Yes [ ] No [X]

d. STREET ADDRESS (If outside, give location): RFD # 1

Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Firman Middle: A Last: Yancey

4. DATE OF DEATH: Month: November Day: 9 Year: 1964

5. SEX: Male

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 10/15/1900

9. AGE (last birthday): 64

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Lead Mines

11. BIRTHPLACE (City and state or country): St. Francois Co., Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Henry Yancey

13b. MOTHER'S MAIDEN NAME: Sarah Wiley

14. NAME OF HUSBAND OR WIFE: Audrey Yancey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser: No.

16. SOCIAL SECURITY NO.:

17. INFORMANT: Audrey Yancey Address: RFD #1, Farmington, M.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Bilateral Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Cerebral hemorrhage — 5 days

DUE TO (c): Left hemiplegia — 2 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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. Month, Day, Year

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 9-8-64 to 11-9-64 and last saw him alive on 11-9-64

Death occurred at 4:20 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. S. Harland M.D.

22b. ADDRESS: Ironton, Missouri

22c. DATE SIGNED: 11-13-64

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/12/64

23c. NAME OF CEMETERY OR CREMATORY: Pendleton Cemetery

23d. LOCATION (City, town, or county) (State): Doe Run Missouri

24. FUNERAL DIRECTOR ADDRESS: Miller Funeral Home Farmington, Mo.

25. DATE RECD. BY LOCAL REG.: November 15, 1964

26. REGISTRAR'S SIGNATURE: Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

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 Dugal

Licensed Embalmer No. 4120

P.O. Address Farmington 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.