

Wilson  
FILED DEC 11 1956

STANDARD CERTIFICATE OF DEATH

40313  
STATE FILE NUMBER  
6128  
Registrar's No. 389

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shannon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eminence, Missouri			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Eminence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None			Length of stay in 1b		d. STREET ADDRESS General Delivery		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Joseph William Yardley				4. DATE OF DEATH Month Day Year Dec. 4, 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar. 3, 1876		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Labor			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Holt County, Missouri.		12. CITIZEN OF WHAT COUNTRY? United States.
13. FATHER'S NAME Joseph C. Yardley				14. MOTHER'S MAIDEN NAME Sarah C. Bentley			
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 Address Nora Yardley - Eminence, Missouri.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Previous Apoplexy DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Bed Rest - For 8 years -							INTERVAL BETWEEN ONSET AND DEATH 1 week 8 yrs prev.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				
20b. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1951 to Dec 4 1956 and last saw him alive on Dec 4 1956 Death occurred at 12:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) G. F. Wilson M.D.				22b. ADDRESS Eminence Mo		22c. DATE SIGNED 12-8-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 5, 1956	23c. NAME OF CEMETERY OR CREMATORY New Winona Cemetery		23d. LOCATION (City, town, or county) (State) Winoma, Mo.		
24. FUNERAL DIRECTOR ADDRESS Duncan Funeral Home - Mtn. View, Mo.				25. DATE RECD. BY LOCAL REG. 12-10-56		26. REGISTRAR'S SIGNATURE Mabel Rose	

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Licensed Embalmer No. 43  
P. O. Address Mt. View

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.