		M	, lsod	STANDA	ARD CERTIFI	CATE OF DEAT	н	403	13
	FILED DEC	11 19	35 6	•			6129	STATE FILE NL	384
			Kegi stration (District No	Pri	mary Registration Di			rar's No
1.	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE b. COUNTY				
	a. COUNTY	Sha	nnon			a. SIAIE N	issouri	Si	nannon
•	b. CITY (If ou	tside corpo	rate-limits, give	e TOWNSHIP only)	1	c. CITY- * : OR		j0	1 läside Limi
_	Town Eminence, Missouri						ninence	101	Yes U No
	c. FULL NAM HOSPITAL INSTITUTION	OR		give location) Leng	gth of stay in 1b	d. STREET ADDRESS	General De	side, givellocation elivery	n) Reside on F
	NAME OF		First	A	Iiddle	Last	4. DATE	Month	Day Year
	DECEASED (Type or print)		Josep	h (Wi	lliam	Yardlev	OF DEATH	Dec.	4. 1956
5. :	SEX	6. corc	R OR RACE	7. MARRIED (7) NE		8. DATE OF BIRTH	9. AGE (/	n years IF UNDER 1	YEAR IF UNDER 24 H
	Male	Y wh	ite	WIDOWED 🗆	DIVORCED	Mar. 3. 18'	76 80	thday) Months	Days Hours M
	. USUAL OCCUPA	TION (Give ki	nd of work done			11. BIRTHPLACE (City		12. CITIZE	N OF WHAT COUNTRY?
	during most of Common		, even ij retire a)		•	Holt Count	ty, Missour	i. Unite	ed States.
13.	FATHER'S NAME					14. MOTHER'S MAIDEN			
	.Joseph	C. Ya	rdlev	•	,	Sarah C.	Bentlev		
	WAS DECEASED	EVER IN U. S	S. ARMED FORCE		L SECURITY NO.	IT. INFORMANT	<u>— — — — — — — — — — — — — — — — — — — </u>	Address	
	NO .	(7) pes. (11)	s war or dates of M		Į	Nora Yard	ley - Emine	nce, Misso	ouri.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and fc).]								INTERVAL BETWEE
į	PART I, C	EATH WAS C	AUSED BY: TE CAUSE (a) _		Mile	hr iac			URSEI AND DEAT
ı				_					
i	Condition	18, if any.	DUE TO (b) _	Pravi	800	poplexy			8rmp
	above co	re rise to suse (a),				1 7	•	y,	′ ′
		re under-	DUE TO (c)_					<u></u>	
ا پ		use last.							
NOL	lying ca			CONTRIBUTING TO DEAT	H BUT NOT RELATED	TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PA	RT I(n)	19. WAS AUTOPSY PERFORMED?
ICATION	lying ca		CANT CONDITIONS	.€0= 8	41075	~		334x	
TIFICATION	lying ca	SUICIDE	CANT CONDITIONS	.€0= 8	41075	TO THE TERMINAL DISEAS		334x	PERFORMED?
CERTIFICATION	PART II. C	OTHER SIGNIFI	CANT CONDITIONS	.€0= 8	41075	~		334x	PERFORMED?
AL CERTIFICATION	PART II. C	SUICIDE	CANT CONDITIONS	.€0= 8	41075	~		334x	PERFORMED?
EDICAL CERTIFICATION	PART II. CO PART III. CO 20a. ACCIDENT 20c. TIME OF INJURY	SUICIDE	CANT CONDITIONS	.€0= 8	41075	~		334x	PERFORMED?
MEDICAL CERTIFICATION	20a. ACCIDENT 20c. TIME OF INJURY 20d. INJURY OCC	SUICIDE	CANT CONDITIONS AND CODE HOMICIDE nth, Day, Year	206. DESCRIBE HOW	VINJURY OCCURRE	ED. (Enter nature of i	njury in Part I or Pa	334x	PERFORMED? YES ☐ NO 🛣
입	20a. ACCIDENT 20c. TIME OF	SUICIDE SUICIDE Mour Mo	CANT CONDITIONS AND CODE HOMICIDE nth, Day, Year	200. DESCRIBE HOW	VINJURY OCCURRE	ED. (Enter nature of i	njury in Part I or Pa	334X 11 11 of them 18.)	PERFORMED? YES ☐ NO 🛣
입	20g. ACCIDENT 20g. TIME OF- INJURY 20d. INJURY OCC	SUICIDE SUICIDE Hour Mo a. m. p. m. CURRED NOT WHILE AT WORK	HOMICIDE nth, Day, Year 20e. PLACE farm	206. DESCRIBE HOW	in or about home, e bldg., etc.)	ED. (Enter nature of i	njury in Part I or Pa	334 X	PERFORMED? YES NO A
입	20c. TIME OF INJURY OCCUMBLE AT WORK	SUICIDE SUICIDE Hour Mo a. m. p. m. CURRED NOT WHILE AT WORK	HOMICIDE nth, Day, Year 20e, PLAC farm	206. DESCRIBE HOW : E OF INJURY (e. g., i., factory, street, office	in or about home, e bldg., etc.)	ED. (Enter nature of i	njury in Part I or Part I	334 X county county	PERFORMEDY YES NO AS
입	20c. TIME OF INJURY OCCUMBLE AT WORK	SUICIDE SUICIDE AT WORK The december of the d	HOMICIDE nth, Day, Year 20e, PLAC farm	206. DESCRIBE HOW : E OF INJURY (e. g., i., factory, street, office	in or about home, e bldg., etc.)	20). CITY, TOWN, OF	njury in Part I or Part I	COUNTY county county county county county	PERFORMED YES NO A STA Oc 4 195 or the causes sta 22c. DATE SIGN
입	20c. TIME OF INJURY OCI WHILE AT Death occ	SUICIDE SUICIDE AT WORK The december of the d	HOMICIDE nth, Day, Year 20e, PLAC farm	200. DESCRIBE HOW E OF INJURY (c. g., i , factory, street, offic DAG 195	in or about home, e bldg., etc.)	20). CITY, TOWN, OF	njury in Part I or Part I	COUNTY county county county county county	PERFORMED? YES NO A
MED	20g. ACCIDENT 20g. TIME OF. INJURY 20d. INJURY OCC WHILE AT WORK 21. I attended Death occ 22g. SIGNATUR BURIAL, CREMATY	SUICIDE SUICIDE AT WORK A the deceasing of the deceasing	HOMICIDE nth, Day, Year 20e. PLAC farm	200. DESCRIBE HOW E OF INJURY (e. g., i a, factory, street, offic DAC / 95 DAM (Degree or pitte)	in or about home, e bldg., etc.)	20). CITY. TOWN. OF stated above; and	njury in Part I or Part I	COUNTY county county county county county county county	PERFORMED YES NO A STA Oc 4 195 In the causes sta 22c. DATE SIGN
WED 23a	20a. ACCIDENT 20c. TIME OF INJURY 20d. INJURY OCC WHILE AT WORK 21. I attended Death occ 22a. SIGNATUR BURIAL, CREMATI REMOVAL (Speci	SUICIDE SUICIDE Hour Mo a. m. p. m. CURRED NOT WHILE AT WORK d the decentary dat CURRED LUTTED LUTTE	CANT CONDITIONS (CAR + HOMICIDE Inth, Day, Year 20e, PLAC Jarm 1213	206. DESCRIBE HOW E OF INJURY (e. g., i., factory, street, office) Dec / 95 Dem (Degree or pitte) 23c. NAME OF	in or about home, e bldg., etc.) I to mon the date C CEMETERY OR C	20). CITY. TOWN, OF Dec 4 19 stated above; and 22b. ADDRESS	njury in Part I or Part Location Sand last saw has to the best of my in the best of	COUNTY	PERFORMED YES NO A STA Oc 4 195 The causes sta 22c. Date Sign / 2 - 8 -
Z3o	20g. ACCIDENT 20g. TIME OF. INJURY 20d. INJURY OCC WHILE AT WORK 21. I attended Death occ 22g. SIGNATUR BURIAL, CREMATY	SUICIDE SUICIDE Hour Mo a. m. p. m. CURRED NOT WHILE AT WORK d the decentary dat CURRED LOOK 230. D ON 230. D ON 230. D	CANT CONDITIONS (A & † HOMICIDE n(h, Day, Year 20e. PLAC farm 12:3 ATE 5, 195	206. DESCRIBE HOW E OF INJURY (e. g., i., factory, street, office) Dec / 95 Dem (Degree or pitte) 23c. NAME OF	in or ahout home. e bidg., etc.) I to m on the date Y CEMETERY OR CE Winona Co	20). CITY. TOWN, OF Dec 4 19 stated above; and 22b. ADDRESS	LOCATION Shand last saw he to the best of my in the location (City. Winoma, Mo	COUNTY county	PERFORMED YES NO A STA Oc 4 195 The causes sta 22c. Date Sign / 2 - 8 -
23a E 24.	20a. ACCIDENT 20c. TIME OF INJURY 20d. INJURY OCC WHILE AT Death occ 22a. SIGNATU BURIAL CREMATI REMOVAL (Special Tial) FUNERAL DIRECT	SUICIDE SUICIDE SUICIDE Hour Mo a. m. p. m. CURRED NOT WHILE AT WORK d the decentary dat curred at	CANT CONDITIONS (A & † HOMICIDE nth, Day, Year 20e, PLAC farm 1213 AD AD AD	206. DESCRIBE HOW : E OF INJURY (e. g., if factory, street, office) Degree or pitte) 23c. NAME OF NEW DDRESS	in or about home, e bidg., etc.) I to mon the date F CEMETERY OR CE Winona Co 25. Do	20). CITY, TOWN, OF PARTIES ADDRESS REMATORY emetery at ERECO. BY LOCAL RE	LOCATION Shand last saw he to the best of my in the location (City. Winoma, Mo	COUNTY county	PERFORMED YES NO A STA Oc 4 195 The causes sta 22c. Date Sign / 2 - 8 -
23a E 24.	20a. ACCIDENT 20c. TIME OF INJURY 20d. INJURY OCC WHILE AT Death occ 22a. SIGNATU BURIAL CREMATI REMOVAL (Special Tial) FUNERAL DIRECT	SUICIDE SUICIDE SUICIDE Hour Mo a. m. p. m. CURRED NOT WHILE AT WORK d the decentary dat curred at	CANT CONDITIONS (A & † HOMICIDE nth, Day, Year 20e, PLAC farm 1213 AD AD AD	200. DESCRIBE HOW is of INJURY (e. g., in factory, street, office) DAC 195 DAM (Degree or pitte) 23c. NAME Office New iden. View,	in or ahout home, e bldg., etc.) I to	20). CITY, TOWN, OI 20). ADDRESS REMATORY PERCENT ACTOR OF THE PERCENT	The Location Lo	COUNTY county	PERFORMED YES NO A STA Oc 4 195 The causes sta 22c. Date Sign / 2 - 8 -

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorde	d on the reverse side of this certificate was e
by me, or by	, Student Embalmer No
working under my personal supervision	0

Student.....Signature of Student Embalmer

Signed Licensed Embalmer No X 5

P. O. Address

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