

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020627

STATE FILE NUMBER

FILED MAY 20 1958

Registration District No. 336

Primary Registration District No. H494

Registrar's No. 458

300
1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Winona		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Winona 1019
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in 1b 8 years	d. STREET ADDRESS (If outside, give location) Star Route
3. NAME OF DECEASED First Middle Last (Type or print) Fred Oscar Yearwood			4. DATE OF DEATH Month Day Year April 22, 1958
5. SEX Male 0	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 Jan. 15, 1898
9. AGE (In years of birthday) 60		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during entire working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Winona, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Sam Yearwood	
13b. MOTHER'S MAIDEN NAME Sarah E. Anderson		14. NAME OF HUSBAND OR WIFE Edith Yearwood	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give year or dates of service) no		16. SOCIAL SECURITY NO. 323-03-6855	17. INFORMANT Edith Yearwood, Winona, Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis DUE TO (b) Atherosclerotic heart disease DUE TO (c) General atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 Death occurred at Jan 3 1958 to Jan 13 1958 and last saw him alive on Jan 13 1958 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Helen Alderson MD		22b. ADDRESS Lepus Bluff Mo	
22c. DATE SIGNED 5-5-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4/25/58	23c. NAME OF CEMETERY OR CREMATORY Mt. Zion
23d. LOCATION (City, town, or county) Winona, Missouri		(State)	
24. FUNERAL DIRECTOR Duncan Funeral Home		ADDRESS Mtn View, Mo.	25. DATE RECD. BY LOCAL REG. May 19 1958
26. REGISTRAR'S SIGNATURE Mabel Rosen			

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 Richard A. Norton.....

Licensed Embalmer No. 5029.....

P. O. Address Mtn. View.....

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.