

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3847

BIRTH NO. _____		REG. DIST. NO. 321		PRIMARY REG. DIST. NO. 5113		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Perry			
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Union		c. LENGTH OF STAY (In this place) Union		c. CITY (If outside corporate limits, write RURAL and give township) Rural Union		0070	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) A.		c. (Last) Yamnitz		4. DATE OF DEATH (Month) (Day) (Year) March 3 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH April 13 1871	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 1 MRS. 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		11. BIRTHPLACE (State or foreign country) Ballinger Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Charlie Yamnitz		13b. MOTHER'S MAIDEN NAME Margarete Dittmore		14. NAME OF HUSBAND OR WIFE Clara Yamnitz			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Yamnitz Perryville Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Arteriosclerosis</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>Several years</i>  <i>442X</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Mar 3</i> , 1950, to <i>Mar 3</i> , 1950, that I last saw the deceased alive on <i>Mar 3</i> , 1950, and that death occurred at <i>9:20</i> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Wm. H. Bailey M.D.</i>				23b. ADDRESS <i>Perryville, Mo.</i>		23c. DATE SIGNED <i>3-4-1950</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>March 6 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Lutheran Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Yount Mo.</i>	
DATE REC'D BY LOCAL REG. <i>Mar. 6 - 1950</i>		REGISTRAR'S SIGNATURE <i>Willie Dandemburg</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Young &amp; Sons</i>		ADDRESS <i>Perryville Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0090

RECEIVED

MAR 10 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-337

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

Licensed Embalmer No. 2198

P. O. Address Berrigville mo

Signed.....  
Student Embalmer

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 this body is not embalmed, fact should be so stated above.