

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4144

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CAPE GIRARDEAU</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (in this place) <u>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU</u>		d. STREET ADDRESS (If rural, give location) <u>1616 BESSIE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. FRANCIS HOSP.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>J</u> c. (Last) <u>Yuracko</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 16, 1950</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED-NEVER-MARRIED, WIDOWED-DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>July 1, 1906</u>	
9. AGE (In years last birthday) <u>43</u>		10. UNDER 1 YEAR Months <u>7</u> Days <u>15</u>		10. OVER 1 YEAR Years <u>1</u> Months <u>7</u> Days <u>15</u>		11. BIRTHPLACE (State or foreign country) <u>Roswell, Ohio</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANAGER OF STORE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Montgomery WARE Co</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE YURACKO</u>			13b. MOTHER'S MAIDEN NAME <u>HELEN KUMOREK</u>			14. NAME OF HUSBAND OR WIFE <u>Mildred Seibold Yuracko</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>333-10-3149</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nicholas Yuracko</u> ADDRESS <u>Cape Girardeau, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION <u>Myocardial Inf.</u>				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		DUE TO (c)				592X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial Inf.</u>							
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)		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 <u>1-22, 1950</u> to <u>2-16, 1950</u> , that I last saw the deceased alive on <u>2-12, 1950</u> , and that death occurred at <u>7:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Type as title) <u>Ch. F. ...</u>				23b. ADDRESS <u>Cape Girardeau</u>		23c. DATE SIGNED <u>2/17/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Feb. 22, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Philadelphia, Ohio</u>	
DATE REC'D BY LOCAL REG. <u>2-17-1950</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		44		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Young Funeral Home</u> ADDRESS <u>Cape Girardeau, Mo.</u>	

(Licensed Embalmer's Statement on Reverse)

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

JUL 6 1950

RECEIVED

FEB 20 1950

DISTRICT HEALTH OFFICE No.

File No. 250-240

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.

Signed.....  
Student Embalmer

Signed

*Lawrence Green Jr*

Licensed Embalmer No. 4736

P. O. Address Cape Girardeau, 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 this body is not embalmed, fact should be so stated above.