

FILED JUN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20357

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 200	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		0234	
d. FULL NAME OF HOSPITAL OR INSTITUTION 923 E. 15th St.				d. STREET ADDRESS (If rural, give location) 923 E.-15th			
3. NAME OF DECEASED (Type or Print) CHARLES		a. (First) EDWIN		c. (Last) YUNKER		4. DATE OF DEATH (Month) (Day) (Year) 14, June 1951	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 30 July 1864	
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Rail Road		11. BIRTHPLACE (State or foreign country) Grundy, Illinois		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John Yunker		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Anna Yunker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) ***		16. SOCIAL SECURITY NO. *****		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mabel Leicher, Sedalia, 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) Coronary sclerosis arteriosclerosis hypertension senility DUE TO (b) _____ 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 1 yr. 5 yrs. 5 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES ☐ NO ☐	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-20, 1947, to 6-14, 1951, that I last saw the deceased alive on 6-14, 1951, and that death occurred at 2:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE M. Thawenders (Degree or title)		23b. ADDRESS 511 1/2 E. Spruce, Sedalia		23c. DATE SIGNED 6/16/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 16 June 1951		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Mo.	
DATE REC'D BY LOCAL REG. 6/16/1951		REGISTRAR'S SIGNATURE C. J. Campbell M.D.		FUNERAL DIRECTOR'S SIGNATURE R. W. Leichter		ADDRESS Sedalia, Mo	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 6-25-51

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

Student Embalmer

Signed

Licensed Embalmer No. 3470

P. O. Address

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.