

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 9

4051
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Barry Miss</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cape Girardeau Miss</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Vincent's Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles S of Pierce City, Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSE</u> b. (Middle) <u>YONKER</u> c. (Last) <u>YONKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25-52</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 3-1887</u>
9. AGE (In years last birthday) <u>65</u> If UNDER 1 YEAR: Months <u>2</u> Days <u>24</u>		9. AGE (In years last birthday) <u>65</u> If UNDER 1 YEAR: Months <u>2</u> Days <u>24</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>St Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joe Korkoski</u>		13b. MOTHER'S MAIDEN NAME <u>Phelia Waskub</u>	
14. NAME OF HUSBAND OR WIFE <u>John Yonker</u>		14. NAME OF HUSBAND OR WIFE <u>John Yonker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487 32-2369</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John Yonker, Pierce City, Mo</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Yonker, Pierce City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) <u>2520</u>		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? _____		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>3/6/45</u> , 19 <u>45</u> , to <u>1/25/52</u> , that I last saw the deceased alive on <u>1-20-52</u> , and that death occurred at <u>1:15 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank Ken, M.D.</u>		23b. ADDRESS <u>Monett Mo</u>	
23c. DATE SIGNED <u>1/28/53</u>		23c. DATE SIGNED <u>1/28/53</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 27-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St Louis & Pauls</u>		24d. LOCATION (City, town, or county) (State) <u>Barry, Mo</u>	
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <u>Olivera Warming</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Philbs Bros</u>		ADDRESS <u>Pierce City, Mo</u>	

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 me

Edwin P. Wilks

working under my personal supervision.

Student Embalmer No.

Signed

Edwin P. Wilks

Signed.....
Student Embalmer

Licensed Embalmer No.

4131

P. O. Address

Quincy City, 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.