

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13381

State File No.

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 461

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) Life	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		d. STREET ADDRESS (If rural, give location) 2713 Sacramento St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2713 Sacramento St.		e. STREET ADDRESS (If rural, give location) 2713 Sacramento St.	

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Virginia c. (Last) Yunker			4. DATE OF DEATH (Month) (Day) (Year) Apr. 15, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 4, 1888		9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 0 Days 0	
IF UNDER 1 YEAR Hours 0 Min. 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME James Mullen		13b. MOTHER'S MAIDEN NAME Mary Burke		14. NAME OF HUSBAND OR WIFE George J. Yunker	
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 Geo. J. Yunker CITY ADDRESS 2713 Sacramento	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		ANTECEDENT CAUSES Coronary Sclerosis			1 month
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension			?
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 4201			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) m.		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 7-17, 1948, to 4-15, 1953, that I last saw the deceased alive on 3-26, 1953, and that death occurred at 8 a m., from the causes and on the date stated above.

23a. SIGNATURE Wm. B. [Signature] (Degree or title)		23b. ADDRESS 316 W. 10th, City		23c. DATE SIGNED 4-15-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 18, 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
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DATE REC'D BY LOCAL REG. April 20, 1953		REGISTRAR'S SIGNATURE Lothar M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Herman [Signature] ADDRESS 1802 [Address]	
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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 _____

Robert H. Gable

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.