

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

577

State File No. ....

FILED JAN 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4121 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>Christian</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Billings</b>		c. CITY OR TOWN <b>Billings</b>	
c. LENGTH OF STAY (in this place) <b>19 Yrs.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		e. STREET ADDRESS (If rural, give location) <b>No Street Address</b>	

3. NAME OF DECEASED (Type or Print) <b>GERHARD</b>	a. (First)	b. (Middle) <input checked="" type="checkbox"/>	c. (Last) <b>YONKMAN</b>	4. DATE OF DEATH <b>Jan. 2-1954</b>
---	------------	---	-----------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 19-1879</b>	9. AGE (In years last birthday) <b>74</b>	If UNDER 1 YEAR Months _____ Days _____	If UNDER 4 HRS. Hours _____ Min. _____
-----------------------	----------------------------------	--	--	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>The Netherlands</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	--	--

13a. FATHER'S NAME <b>Johannes Yonkman</b>	13b. MOTHER'S MAIDEN NAME <b>Christina Kempers</b>	14. NAME OF HUSBAND OR WIFE <b>Carolina Yonkman</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Tony Yonkman</b>	ADDRESS <b>Billings, Mo.</b>
---	--	--	---------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>15 Min.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary sclerosis</b> 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"/>
------------------------	----------------------------------	---

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 July, 1951, to January, 1954, that I last saw the deceased alive on January, 1954, and that death occurred at 4:15p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Karl Leidinger Jr M.D.</b>	23b. ADDRESS <b>Republic, MO.</b>	23c. DATE SIGNED <b>1-7-54</b>
---	--------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-5-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph's Catholic</b>	24d. LOCATION (City, town, or county) (State) <b>Billings, Missouri</b>
--	------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>1-7-54</b>	REGISTRAR'S SIGNATURE <b>Allie Greer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John Dean Harris</b>	ADDRESS <b>Clever, Mo.</b>
---	---	---	-------------------------------

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

---

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.....  
Signature of Student Embalmer

Signed..... *John Dean Harris* .....

Licensed Embalmer No. *439* .....

P. O. Address *Cleveland* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.