

FILED DEC 9 1954

STANDARD CERTIFICATE OF DEATH

State File No. 37679
5343

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Miami	
b. CITY OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 4 Days	c. CITY OR TOWN Osawatomie	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 St. Marys Hospital		STREET ADDRESS (If rural, give location) West Highlands	

3. NAME OF DECEASED (Type or Print) a. (First) Gayle b. (Middle) J c. (Last) Yunker			4. DATE OF DEATH (Month) (Day) (Year) Nov 18 1954		
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5. SEX Fe	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 28, 1905	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Osawatomie Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME W.A. Miller		13b. MOTHER'S MAIDEN NAME Sadie Packard		14. NAME OF HUSBAND OR WIFE A.F. Yunker	
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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. —	17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.F. Yunker Osawatomie, Kansas			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina due to bronchial obstruction			INTERVAL BETWEEN ONSET AND DEATH 30 minutes	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Right pneumectomy			1 hr	
	DUE TO (c) Bronchiogenic carcinoma - right			3 months	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			16 2-7	

19a. DATE OF OPERATION 11-18-54	19b. MAJOR FINDINGS OF OPERATION Bronchiogenic carcinoma - rt lung			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)
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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?
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22. I hereby certify that I attended the deceased from **11-14**, 1954, to **11-18**, 1954, that I last saw the deceased alive on **11-18**, 1954, and that death occurred at **10 A.** m., from the causes and on the date stated above.

23a. SIGNATURE William B. Cheeseman (Degree or title) William B. Cheeseman, M.D.	23b. ADDRESS 701 E. 63rd, Kansas City, Mo.	23c. DATE SIGNED 11-18-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov 18, 1954	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Osawatomie, Kansas
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DATE REC'D BY LOCAL REG. 11-18-54	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis + John 20 W. Mineral
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WRITE PLAINLY—USING UNFADEING 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, ~~by~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Forrest D. Baldwin*.....

Licensed Embalmer No. *4714*

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