

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24613**
Registrar's No. **5825**

FILED AUG 2 - 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY MACON	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS MO	c. LENGTH OF STAY (In this place) 3 WKS	c. CITY OR TOWN DECATUR	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHILDREN'S		STREET ADDRESS (If rural, give location) 1059 NORTH SUMMIT	

3. NAME OF DECEASED a. (First) Ricky b. (Middle) HOEN c. (Last) YOCK		4. DATE OF DEATH (Month) (Day) (Year) 7-6-55	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 8-31-51
9. AGE (In years last birthday) 35		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - Infant	11. BIRTHPLACE (City and State or Foreign Country) DECATUR, ILLINOIS
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY -	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME MAURICE R. YOCK	13b. MOTHER'S MAIDEN NAME MONA HORN	14. NAME OF HUSBAND OR WIFE J. EGAN 500 So. Kings Highway	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME J. EGAN	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcophthalmia		INTERVAL BETWEEN ONSET AND DEATH 1
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombi + emboli		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Distrophy of Bladder		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 332X

22. I hereby certify that I attended the deceased from **6-14**, 19**55**, to **7-6**, 19**55**, that I last saw the deceased alive on **7-6**, 19**55**, and that death occurred at **11:50pm.**, from the causes and on the date stated above.

23a. SIGNATURE Donald Golding MD	(Degree or title)	23b. ADDRESS 500 So. Kings Highway	23c. DATE SIGNED 7-6-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-6-55	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Shelbyville, Illinois.

DATE REC'D BY LOCAL JUL 6 1955	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2

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 *E. C. R. Padua*.....

Licensed Embalmer No. 407

P. O. Address *St. Louis*.....

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.