

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30339

State File No. ....

FILED SEP 19 1955

BIRTH NO. .... REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before ... a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Perryville Mo.</u>	c. LENGTH OF STAY (If this place) <u>7 hours</u>	c. CITY OR TOWN <u>Menfro Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry Co. Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0790</u>	

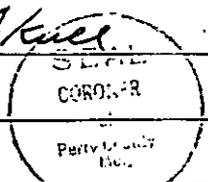
3. NAME OF DECEASED (Type or Print) a. (First) <u>Donna</u> b. (Middle) <u>Jean</u> c. (Last) <u>Yankey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 16 1953</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>	IF UNDER 4 WKS. Hours <u>1</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Perryville Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Roy Yankey</u>	13b. MOTHER'S MAIDEN NAME <u>Imogen Cox</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Imogen Yankey</u>	ADDRESS <u>Menfro Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured Skull</u> DUE TO (c) <u>Car accident</u>		
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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm &amp; Market Road</u>	21c. (CITY, TOWN, OR TOWNSHIP) (STATE) <u>Wittenburg Perry Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 28 - 1955 2:50 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Impact collision against bridge abutment</u>
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22. I hereby certify that I attended the deceased from 10:15 PM to 11:19 PM, that I last saw the deceased alive on Aug 19 of Perry County, Mo., and that death occurred at 3:24 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. J. Zoller</u> Coroner of Perry County, Mo.	(Degree or title)	23b. ADDRESS <u>Perryville</u>	23c. DATE SIGNED <u>8/31/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 30 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baptist Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Crosstown Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-30-55</u>	REGISTRAR'S SIGNATURE <u>Joseph J. Zoller</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Young Sons Perryville Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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 *Wallace Young*.....

Licensed Embalmer No. *402*.....

P. O. Address *Perryville*.....

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.