

I, DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024926

FILED VS AUG 10 1959

Registration District No. 382 Primary Registration District No. 5545 Registrar's No. 15

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE <u>Missouri</u> OF COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Chauton Twp.</u> Length of stay in lb <u>9 days</u>		c. CITY OR TOWN <u>Glasgow</u> Inside limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7 mi. n.e. Glasgow</u> Inside limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CLARA</u> Middle <u>KARCH</u> Last <u>YUNG</u>			4. DATE OF DEATH <u>July 31, 1959</u> Month <u>July</u> Day <u>31</u> Year <u>1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 15, 1897</u>
9. AGE (last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>16</u>	IF UNDER 24 HR Hours <u>16</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state of country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. MOTHER'S NAME <u>Phillip Karch</u>	
14. MOTHER'S MAIDEN NAME <u>Nancy Lamp</u>		15. NAME OF HUSBAND OR WIFE <u>John Yung (Dec.)</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. SOCIAL SECURITY NO. <u>None</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u>		DUE TO (c) <u></u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u>			
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	
20f. CITY, TOWN, OR LOCATION <u></u>		COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>August 2, 1959</u> to <u>August 2, 1959</u> and last saw her <u>live</u> on <u>August 2, 1959</u> Death occurred at <u>2:15 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Francis J. Dean M.D.</u> (Degree or title)		22b. ADDRESS <u>Fayette, Mo.</u>	
22c. DATE SIGNED <u>8-4-59</u>			
23. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u>		23a. DATE <u>Aug 2, 1959</u>	
23b. NAME OF CEMETERY OR CREMATORY <u>Washington</u>		23c. LOCATION (City, town, or county) (State) <u>Glasgow, Mo.</u>	
24. FUNERAL DIRECTOR <u>Audsley-Fiermouth</u> ADDRESS <u>Glasgow, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 4, 1959</u>	
26. REGISTRAR'S SIGNATURE <u>Walker Audsley</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles T. Tenha

Licensed Embalmer No. 502

P. O. Address Wagon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.