

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007756

STATE FILE NUMBER

Registration District No.

042.

Primary Registration District No.

1000

Registrar's No.

335

AMENDED

## 1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. JosephLength of stay in lb  
1 dayc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Missouri Methodist Hosp.Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Buchanan Andrew

c. CITY  
OR  
TOWN AmazoniaInside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

ERNEST

WALTER

YUNKER

4. DATE  
OF  
DEATH

Month

Day

Year

March 31, 1961

5. SEX  
male6. COLOR OR RACE  
white7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
1/21/19189. AGE (last birthday)  
43IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
carpenter10b. KIND OF BUSINESS OR INDUSTRY  
Railroad Company11. BIRTHPLACE (City and state or country)  
Savannah, Mo.12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Nikalus Yunker

13b. MOTHER'S MAIDEN NAME

Rosalie Eweyman

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
yes W.W. II16. SOCIAL SECURITY NO.  
500-07-1268

17. INFORMANT

Address

Mrs. Rosalie Yunker, Amazonia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Gunshot wound of the head

INTERVAL BETWEEN  
ONSET AND DEATH  
10 hoursConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
Pt. apparently put barrel of 22 caliber20c. TIME OF INJURY  
9:00 p.m.Month, Day, Year  
3-30-61

rifle against his forehead taking his life.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)  
Rural Road20f. CITY, TOWN, OR LOCATION  
Amazonia,

COUNTY

Andrew

STATE

Missouri

21. I attended the deceased from  
Death occurred at 6:30 a.

8-17-54

to 3-31-61

and last saw him alive on 3-31-61

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
burial23b. DATE  
4/3/196123c. NAME OF CEMETERY OR CREMATORY  
St. John's Cemetery23d. LOCATION (City, town, or county)  
Amazonia, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Heaton-Bowman

St. Joseph, Mo.

April 6, 1961

Mrs. Charles Goodell

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

H.C. Baker, M.D.

VS APR 18 1961

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

*Eugene Wood*

Licensed Embalmer No. *5804*

P. O. Address *319 S. 10th, H. Jones*

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.