

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006847  
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 105

AMENDED

**FILED MAR 6 1962**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO.</u> b. COUNTY <u>JACKSON</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>INDEPENDENCE</u>                 |  | c. CITY OR TOWN <u>K.C. MO.</u>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>INDEPENDENCE SANIT</u> |  | d. STREET ADDRESS (If outside, give location) <u>6912 E 17<sup>th</sup></u>   |  |

|   |                              |   |                                      |  |   |
|---|------------------------------|---|--------------------------------------|--|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>EUGENIA MANUELA YOHE</u>                                  |                              |   | 4. DATE OF DEATH<br><u>2-26-62</u>   |  |   |
| 5. SEX<br><u>F</u>  | 6. COLOR OR RACE<br><u>W</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>10-7-1943</u> | 9. AGE (last birthday)<br><u>18</u>  | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>HOUSE WIFE</u>      |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>HOUSEWORK</u>   |                                      | 11. BIRTHPLACE (City and state or country)<br><u>NORTA FAIAL AZORES PORTUGAL</u> |   |
| 13a. FATHER'S NAME<br><u>JAMES RITA</u>   |                              | 13b. MOTHER'S MAIDEN NAME<br><u>NORBERTA MEDEROS</u>  |                                      | 14. NAME OF HUSBAND OR WIFE<br><u>DONALD YOHE</u>                                |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> |                              | 16. SOCIAL SECURITY NO.<br><u>none</u>  |                                      | 17. INFORMANT<br><u>Mr Donald Yohe Beauwicks</u>                                 |   |

|  |  |   |
|--|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>10 Days.</u> |
| IMMEDIATE CAUSE (a) <u>Severe toxemia of pregnancy</u>   |  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               |  |   |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Hypopharyngemia</u> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|---|--|

|   |   |  |   |
|---|---|--|---|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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.) |   |
| 20c. TIME OF INJURY<br>Hour: _____<br>Month, Day, Year: _____<br>a.m. _____<br>p.m. _____         | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)     | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |

21. I attended the deceased from January 2, 1962 to Feb 26, 1962 and last saw her alive on Feb 26, 1962  
Death occurred at 9:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

|   |   |                                    |
|---|---|------------------------------------|
| 22a. SIGNATURE (Decease or title)<br><u>Herman J. Lankster M.D.</u> | 22b. ADDRESS<br><u>1612 W. Truman Rd.</u> | 22c. DATE SIGNED<br><u>2/26/62</u> |
|---|---|------------------------------------|

|  |                               |  |  |
|--|-------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>2-28-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Sunset Hill</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Madison Missouri</u> |
|--|-------------------------------|--|--|

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|--|---|--|
| 24. FUNERAL DIRECTOR<br><u>L.P. McCary Beauwicks</u> | 25. DATE RECD. BY LOCAL REG.<br><u>Mo 2-28-62</u> | 26. REGISTRAR'S SIGNATURE<br><u>Alba L. Crisig</u> |
|--|---|--|

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

APR 10 1962

**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 *J. E. McClure*

Licensed Embalmer No. 4906

P. O. Address Brunswick, Md

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.