MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-037573
STATE FILE NUMBER

Registration District No. 300313 Primary Registration District No. 13 3003 Registrar's No. 139

FILED OCT 24 1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Monett
Length of stay in 1b: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Vincents
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Barry
c. CITY OR TOWN: Pierce City, Mo.
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 2 mile South of Pierce C.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First John Middle Last Yonker

4. DATE OF DEATH: Month 10- Day 16 Year 1962

5. SEX: M
6. COLOR OR RACE: Wh
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-26-1884
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months 0 Days 20
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Not known
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Peter Yonker
13b. MOTHER'S MAIDEN NAME: Not known
14. NAME OF HUSBAND OR WIFE: Rose Yonker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Tom Yonker Address: Pierce City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage
DUE TO (b): Gen Arteriosclerosis
DUE TO (c):
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: 2 Days ?

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 ☐ Unknown

19. 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.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-11-62, to 10-16-62 and last saw alive on 10-16-62
Death occurred at 1:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F. L. Edwards MD (Degree or title)
22b. ADDRESS: Monett, Mo
22c. DATE SIGNED: 10-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-18-1962
23c. NAME OF CEMETERY OR CREMATORY: St. Peters and Pauls
23d. LOCATION (City, town, or county) (State): Barry County, Mo.

24. FUNERAL DIRECTOR: Wilks Bros. ADDRESS: Pierce City, Mo.
25. DATE RECD. BY LOCAL REG.: 10-20-62
26. REGISTRAR'S SIGNATURE: Mrs. P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin Wilks

Licensed Embalmer No. H131

P. O. Address Pierce City Mo.

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.