

FILED JUL 7 - 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 17602

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirksville</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Macon</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Laughlin Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>122 Cresent Drive</b> 0611	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARION</b>		b. (Middle) <b>C.</b>	c. (Last) <b>YUNCKER</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>6 20 1955</b>		5. SEX <b>Male</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Oct, 18, 1872</b>		9. AGE (In years last birthday) <b>82</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Railway Mail Clerck</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Macon, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Yuncker</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Trew</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Elizabeth Yuncker</b> ADDRESS <b>Macon, Mo.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adenocarcinoma of prostate with</b> INTERVAL BETWEEN ONSET AND DEATH <b>since 1953</b> ANTECEDENT CAUSES DUE TO (b) <b>cystitis, stricture, metastasis</b> DUE TO (c) <b>to lungs and trachea</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		177X	
22. I hereby certify that I attended the deceased from <b>10-24-54</b> 19___, to <b>6-20-55</b> 19___, that I last saw the deceased alive on <b>6-19-55</b> , 19___, and that death occurred at <b>12:48A.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Carl Laughlin Jr.</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Kirksville, Mo.</b>	
23c. DATE SIGNED <b>7-1-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>6/22/1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	
24d. LOCATION (City, town, or county) (State) <b>Macon Missouri</b>		DATE REC'D BY LOCAL REG. <b>7-5-55</b>	
REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		FUNERAL DIRECTOR'S SIGNATURE <b>H. Lester Gram</b> ADDRESS <b>Macon, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

955B 82 81955

JUL 19 1955

JUL 7 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*R. L. Brown*

Licensed Embalmer No. 44

P. O. Address *Mecon,*

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