

FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

3831

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Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 424-1/2 So. 6th St		d. STREET ADDRESS (If outside, give location) 424-1/2 So. 6th St.	
3. NAME OF DECEASED (Type or print) First MIDDLE Last JAMES HARRY YANNICK		4. DATE OF DEATH Month Day Year Feb. 10 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 15, 1877
9. AGE (In years last birthday) 79		10. KIND OF BUSINESS OR INDUSTRY Resturant	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dish washer		11. BIRTHPLACE (City and state or country) Vienna Austria #	
13. FATHER'S NAME John Yannick		14. MOTHER'S MAIDEN NAME Mary Timber	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-26-3784	
17. INFORMANT Social Welfare Board		Address St. Joseph, 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) Coronary Arteriosclerosis DUE TO (b) Suffered as an unattended death in DUE TO (c) the city of St. Joseph Mo. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH
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.) 2
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I signed the deceased from 2-11-57, to 2-12-57, and last saw him alive on 2-12-57. Death occurred at 8:00A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Richard L. Maguire, M.D. Health Officer		22b. ADDRESS Phys & Surg Bldg 216, St. Joseph, Mo	
22c. DATE SIGNED 2-12-57		22d. LOCATION (City, town or county) (State) St. Joseph Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-14-57	
23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town or county) (State) St. Joseph Missouri	
24. FUNERAL DIRECTOR Home Funeral Home		25. DATE RECD. BY LOCAL REG. Feb 14, 1957	
ADDRESS St. Joseph, Mo.		26. REGISTRAR'S SIGNATURE Kathleen M. Allison	

(Licensed Embalmer's Statement on Reverse Side)

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *George P. Kerby*.....

Licensed Embalmer No. *475*

P. O. Address: *Joseph*

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