

FILED JUL 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57 0 2 3 0 2 9
STATE FILE NUMBERRegistration District No. **318** Primary Registration District No. **1003** Registrar's No. **6199**

1. PLACE OF DEATH a. COUNTY City				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Faywell				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pekin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Length of stay in lb 3 days	d. STREET (If outside, give location) ADDRESS 314 State St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				First JOHN	Middle MATTHEW	Last YOCK	4. DATE OF DEATH Month Day Year JULY 2, 1957	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 21, 1915	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright			10b. KIND OF BUSINESS OR INDUSTRY Corn Products	11. BIRTHPLACE (City and state or country) Pekin, Ill.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Joseph Yock				14. MOTHER'S MAIDEN NAME Elizabeth Wenisch				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or dates of service) W.W.#2			16. SOCIAL SECURITY NO. 331-03-8422	17. INFORMANT (wife) Address Norma Yock 1314 State St. Pekin, Ill				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mycosis Fungoides							INTERVAL BETWEEN ONSET AND DEATH 20 Yrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying 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) 205x							19. WAS AUTOPSY PERFORMED? 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 Hour Month, Day, Year a. m. 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 MAY 30, 1957 to JULY 2, 1957 and last saw ^{her} him alive on JULY 2, 1957 Death occurred at 3:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) C. Vermillion, M.D.				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 7/2/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal Auto		23b. DATE July 3, 1957	23c. NAME OF CEMETERY OR CREMATORY Lakeside Cemetery		23d. LOCATION (City, town, or county) Pekin, Ill.			
24. FUNERAL DIRECTOR Abts Funeral Home, Pekin, Ill.				25. DATE RECD. BY LOCAL REG. JUL 3 '57		26. REGISTRAR'S SIGNATURE Carl Smith MO m 88		

(Licensed Embalmer's Statement on Reverse Side)

Secretary of Health, Missouri, 1957. Cause of death must be certified to a death due to natural causes. Coroner cannot certify to a death due to natural causes. If cause of death is not natural, it must be certified to a death due to natural causes. If cause of death is not natural, it must be certified to a death due to natural causes. If cause of death is not natural, it must be certified to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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3126

STATE OF

DEPARTMENT OF HEALTH

1924 - YEAR

DATE

TIME

SA

1924

STATE OF ILLINOIS DEPARTMENT OF HEALTH

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 *Joseph E. McCulloch*

Licensed Embalmer No. 27

P. O. Address 617 1/2 D

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.