

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED NOV 18 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 436

1. PLACE OF DEATH a. COUNTY MARION b. CITY HANNIBAL c. FULL NAME OF HOSPITAL OR INSTITUTION D/O A LEYERING HOSP. 2. USUAL RESIDENCE a. STATE Mo. b. COUNTY MONROE c. CITY OR TOWN JEFFERSON TOWNSHIP d. STREET ADDRESS R.F.D., STOUTSVILLE

3. NAME OF DECEASED HARRY YORKMAN 4. DATE OF DEATH Nov 6 1957

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH JULY 12, 1903 9. AGE 54

10a. USUAL OCCUPATION FARMER 10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING 11. BIRTHPLACE MONROE Co., Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME GEORGE YORKMAN 13b. MOTHER'S MAIDEN NAME MARY BAILEY 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO 16. SOCIAL SECURITY NO. 486-18-7985 17. INFORMANT JAMES L. YORKMAN, PARIS, Mo.

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) Coronary sclerosis DUE TO (c) Atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 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 Month, Day, Year a.m. p.m.

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 to and last saw her alive on Death occurred at 10/6/57 7:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Henry Sweet Jr M.D. Coroner 22b. ADDRESS Hannibal Mo 22c. DATE SIGNED 10/7/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 11-8-57 23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem. 23d. LOCATION (City, town, or county) (State) MONROE Co., Mo.

24. FUNERAL DIRECTOR Speed Blakey, PARIS, Mo; ADDRESS 25. DATE RECD. BY LOCAL REG. 11-12-1957 26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by N. C. Decker

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th

RECEIVED NOV 15 1957
MARION CO. HEALTH DEPT.
DATE FILED NOV 15 1957

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 *H M McDonald*

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.