

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006610

STATE FILE NUMBER

FILED MAR 2 1959

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 80

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia,</b>		c. CITY OR TOWN <b>Sedalia</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Community Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>723 E. 15th.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>EMMA ELIZABETH MARGARET YUNKER</b>		4. DATE OF DEATH Month Day Year <b>Feb. 26 59</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 26, 1885</b>
9. AGE (In years last birthday) <b>73</b>		10. F UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seamstress</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Factory</b>	
11. BIRTHPLACE (City and state or country) <b>Pettis County</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Charles E. Yunker</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Clausen</b>	
14. NAME OF HUSBAND OR WIFE <b>Never Married</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes (no, or unknown)) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>491-07-4130</b>	
17. INFORMANT <b>Mr. W. A. Leicher,</b>		Address <b>723 E. 15, Sedalia, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Failure - Pulmonary Edema</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis - Toxicity due to Extremes of Fatigue</b>			<b>3 weeks</b>
DUE TO (c) <b>Malignancy of Liver</b>			<b>6-7 mo.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m. Month, Day, Year			
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 <b>Sedalia, Mo.</b>		COUNTY STATE	
21. I attended the deceased from <b>Oct. 14, 1958</b> to <b>2-24-59</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>2-24-59</b> Death occurred at <b>11:15 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>D. W. Kirby D.O.</b>		22b. ADDRESS <b>814 W. 16th Sedalia, Mo.</b>	
22c. DATE SIGNED <b>2-27-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 28, 1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Sedalia, Pettis Mo.</b>	
24. FUNERAL DIRECTOR <b>D. W. Heckart</b>		25. DATE RECD. BY LOCAL REG. <b>Feb 27 1959</b>	
ADDRESS <b>Sedalia, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>	

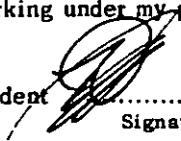
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

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  .....

Licensed Embalmer No. 5063 .....  
P. O. Address: Stalio, Me .....

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.