RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 21 1960

-60-041706

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1157

NDED

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b 2 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Johns Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY Barry
c. CITY OR TOWN Monett — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 621 Eighth — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Annett Middle Marie Last Younker

4. DATE OF DEATH Month NOV Day 15, Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 4/18/1959

9. AGE (last birthday) 1 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child

10b. KIND OF BUSINESS OR INDUSTRY ----------

11. BIRTHPLACE (City and state or country) Monett, Mo

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Wilmer Younker

13b. MOTHER'S MAIDEN NAME Kathleen Mettlach

14. NAME OF HUSBAND OR WIFE ##################

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ####### (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ########

17. INFORMANT Wilmer Younker Address Monett, 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) Laryngeal blockage — INTERVAL BETWEEN ONSET AND DEATH: 1 minute

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) mucoid drainage and edema of larynx — 3 hours

DUE TO (c) adrenal insufficiency and post bronchoscopy for foreign body — adrenal - months, bronchoscopy - 1 day, 3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 a.m. p.m. Month, Day, Year

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 11-14-60, to 11-15-60 and last saw her alive on 7 30 am 11-15-60

Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. B. Stewart, M.D.

22b. ADDRESS 600 S. Glenstone, Springfield

22c. DATE SIGNED 11-15-60.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11/17/1960

23c. NAME OF CEMETERY OR CREMATORY St. Marys

23d. LOCATION (City, town, or county) (State) Pierce City, Mo.

24. FUNERAL DIRECTOR Wm. J. Wessell ADDRESS Pierce City, Mo.

25. DATE RECD. BY LOCAL REG. 11-18-60

26. REGISTRAR'S SIGNATURE Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

or by me, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. Gordon Bennett

Signature of Student Embalmer

Licensed Embalmer No. 4213

P. O. Address Monett, Mo

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