

New York State Department of Health
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

Dist. No. 5933
To be inserted by registrar

Registered No. 9

1. PLACE OF DEATH: STATE OF NEW YORK a. COUNTY <u>Westchester</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>New York</u> b. COUNTY <u>West</u>	
b. TOWN <u>Mt. Pleasant</u>	c. LENGTH OF STAY IN TOWN, CITY OR VILLAGE <u>58 yrs.</u>	c. TOWN <u>Mt. Pleasant</u>	
d. CITY OR VILLAGE <u>Pleasantville</u>		4. CITY OR VILLAGE <u>Pleasantville</u> <small>In residence within its corporate limits?</small> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS <u>124 Bedford Road</u>	

3. NAME OF DECEASED (Type or Print) <u>CLARENCE WILBUR YERKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5, 1952 19</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife <u>Harriet Miller</u>		
9. DATE OF BIRTH <u>Feb. 26, 1904</u>	10. AGE Years Months Days <u>58 2 9</u>	11. IF UNDER 28 MRS. Hours Min.	9. BIRTHPLACE (State or foreign country) <u>Pleasantville</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerical Worker</u>			13b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>		
14. FATHER'S NAME <u>Wilbur Yerks</u>			15. MOTHER'S MAIDEN NAME <u>Catherine See</u>		
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. SOCIAL SECURITY NO. <u>079-09-2158</u>	18. INFORMANT'S OWN SIGNATURE <u>Mrs. Clarence W. Verks</u>		
			ADDRESS <u>124 Bedford Road</u>		

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of death, e.g., heart failure, aneurysm, etc. It means the disease, injury or complication which caused death.)		(A) <u>Coronary Occlusion</u> DUE TO	ONSET AND DEATH <u>5 minutes</u>
II. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.		(B) <u>Coronary heart disease</u> DUE TO	<u>5 years</u>
		(C) <u>Possible Cerebral embolus</u>	<u>5 minutes</u>
OTHER SIGNIFICANT CONDITIONS contributing to the death but not related to the disease or condition causing it.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
22a. TIME OF INJURY (Month) (Day) (Year) (Hour)	22b. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	22c. HOW DID INJURY OCCUR?	

23. I hereby certify that I attended the deceased from 5/5/52, 1952, to _____, 19____, that I last saw the deceased alive on DOA, 19____, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

24a. SIGNATURE <u>Eugene W. Bogardus</u>	M.D.	24b. ADDRESS <u>Pleasantville, N.Y.</u>	24c. DATE SIGNED <u>5/8 1952</u>
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25a. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Ba nks Cem. Pleasant-</u>	25b. DATE <u>May 8 1952</u>	25c. UNDERTAKER'S SIGNATURE <u>Samuel D. Beecher</u>	25d. LICENSE NO. <u>6068</u>
27. DATE FILED BY LOCAL REG. <u>5/8/52 19</u>	28. REGISTRAR'S SIGNATURE <u>Grace B. Roney</u>	26. UNDERTAKER'S ADDRESS <u>Pleasantville, N.Y.</u>	

Burial or Transit } Permit issued by Grace B. Roney Date of issue 5/8/52 1952

THIS IS NO. 10. CERTIFY THAT THIS IS A TRUE & EXACT COPY OF ORIGINAL FILED IN MY OFFICE. MARGIN RESERVED FOR BINDING. THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH. TYPEWRITE, HAND-PRINT, OR WRITE LEGIBLY IN PERMANENT BLACK OR BLUE-BLACK INK. PENCILS, COLORED INKS, OR BALLPOINT PENS SHOULD NEVER BE USED. SIGNATURES SHOULD BE LEGIBLE. THIS IS A PERMANENT RECORD.

(See Reverse for Instructions)

MEDICAL CERTIFICATION