

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20585

|                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                        |  |                                                                       |  |
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| BIRTH NO. <u>66295-48</u>                                                                                                                                                                                                                                                         |  | REG. DIST. NO. <u>290</u>                                                                                                                                                                                                                                                                                                                                                                                                        |  | PRIMARY REG. DIST. NO. <u>1427</u>                                                                                                                                                                                                                                                                                     |  | Registrar's No. <u>76</u>                                             |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pulaski</u><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u><br>c. LENGTH OF STAY (If in this place) <u>11:34.5 hr.</u><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General</u> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> <u>Y.S.</u><br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u><br>d. STREET ADDRESS (If rural, give location) <u>Rt. #1</u> |  |                                                                       |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>Peggy</u>                                                                                                                                                                                                                               |  | a. (First) <u>Ann</u>                                                                                                                                                                                                                                                                                                                                                                                                            |  | c. (Last) <u>York</u>                                                                                                                                                                                                                                                                                                  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>10</u> <u>49</u>    |  |
| 5. SEX <u>Female</u>                                                                                                                                                                                                                                                              |  | 6. COLOR OR RACE <u>White</u>                                                                                                                                                                                                                                                                                                                                                                                                    |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>                                                                                                                                                                                                                                            |  | 8. DATE OF BIRTH <u>Oct. 26, 1949</u>                                 |  |
| 9. AGE (In years last birthday) <u>7</u>                                                                                                                                                                                                                                          |  | IF UNDER 1 YEAR Months Days                                                                                                                                                                                                                                                                                                                                                                                                      |  | IF UNDER 24 HRS. Hours Mins.                                                                                                                                                                                                                                                                                           |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                            |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>                                                                                                                                                                           |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>                                                                                                                                                                                                                                                                                                                                                                                    |  | 11. BIRTHPLACE (State or foreign country) <u>Waynesville, Mo. Rt. #1</u>                                                                                                                                                                                                                                               |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                            |  |
| 13a. FATHER'S NAME <u>Thomas Ray York</u>                                                                                                                                                                                                                                         |  | 13b. MOTHER'S MAIDEN NAME <u>Freda E. Camel</u>                                                                                                                                                                                                                                                                                                                                                                                  |  | 14. NAME OF HUSBAND OR WIFE <u>None</u>                                                                                                                                                                                                                                                                                |  |                                                                       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>                                                                                                                                                                |  | 16. SOCIAL SECURITY NO. <u>NONE</u>                                                                                                                                                                                                                                                                                                                                                                                              |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edith York</u> <u>Waynesville, Mo.</u>                                                                                                                                                                                                                               |  |                                                                       |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                                   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Intussusception</u><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>5700</u> |  |                                                                                                                                                                                                                                                                                                                        |  | INTERVAL BETWEEN ONSET AND DEATH                                      |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                                            |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                        |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)                                                                                                                                                                                                                                          |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                                                                                                                                                                                                                                                                                                                         |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                                                                                                                                                                                                                                                        |  |                                                                       |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)                                                                                                                                                                                                                                   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                           |  | 21f. HOW DID INJURY OCCUR?                                                                                                                                                                                                                                                                                             |  |                                                                       |  |
| 22. I hereby certify that I attended the deceased from <u>June 10, 1949</u> , to <u>June 10, 1949</u> , that I last saw the deceased alive on <u>June 10, 1949</u> , and that death occurred at <u>8:50 P.M.</u> from the causes and on the date stated above.                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                        |  |                                                                       |  |
| 23a. SIGNATURE <u>Wm. R. H. H. H.</u> (Degree or title)                                                                                                                                                                                                                           |  | 23b. ADDRESS <u>Waynesville, Mo.</u>                                                                                                                                                                                                                                                                                                                                                                                             |  | 23c. DATE SIGNED <u>6-10-49</u>                                                                                                                                                                                                                                                                                        |  |                                                                       |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                                                           |  | 24b. DATE <u>6-13-49</u>                                                                                                                                                                                                                                                                                                                                                                                                         |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Delaware Cemetery</u>                                                                                                                                                                                                                                                            |  | 24d. LOCATION (City, town, or county) (State) <u>Pulaski Co Mo</u>    |  |
| DATE REC'D BY LOCAL REG. <u>6-18-49</u>                                                                                                                                                                                                                                           |  | REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u>                                                                                                                                                                                                                                                                                                                                                                                |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Hoops &amp; Sons</u>                                                                                                                                                                                                                                                            |  | ADDRESS <u>Waynesville</u>                                            |  |

(Licensed Embalmer's Statement on Reverse Side) M. Hoops

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Paul B. Hooper*

Licensed Embalmer No. 3261

P. O. Address Harmonville, 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 this body is not embalmed, fact should be so stated above.