

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17802

State File No.

BIRTH NO.		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5986</u>		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hawkeye</u>		c. LENGTH OF STAY (If this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hawkeye</u>		<u>0850</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>Luther</u>		c. (Last) <u>York</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 15, 1878</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR <u>6</u> Months		IF UNDER 12 HRS. <u>28</u> Hours		10. AGE (In years last birthday) <u>71</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Waynesville, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Andrew J. York</u>		13b. MOTHER'S MAIDEN NAME <u>Lavina Logan</u>		14. NAME OF HUSBAND OR WIFE <u>Rose A. York</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Addie Belton Hawkeye, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> <u>177X</u>	
20. AUTOPSY? YES ☐ NO ☒							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>2</u>		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) (Min.) <u>7 A.</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct</u> , 1947, to <u>June 2, 1950</u> , that I last saw the deceased alive on <u>June 2, 1950</u> , and that death occurred at <u>7 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John A. Mikalovich, D.O.</u>		23b. ADDRESS <u>Crocker, Mo.</u>		23c. DATE SIGNED <u>6-3-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/4/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gospel Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pulaski County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-7-50</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thelma C. Buckthorpe</u>		ADDRESS <u>Iberia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6/7/50
Pulaski County Health Officer
File Number _____
Date Filed 6/7/50

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____
Student Embalmer

Signed

Walter P. Hedger

Licensed Embalmer No.

4265

P. O. Address

Therion, 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.