

10.300
10.48

FILED JUL 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19840

State File No.

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Burns</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Burns</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Campbell, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>24 hours</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 0350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnell Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Freddie</u> c. (Last) <u>York</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-11-1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>(1)</u>	8. DATE OF BIRTH <u>7-10-1950</u>
9. AGE (In years last birthday) _____ IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. <u>24</u>		11. BIRTHPLACE (State or foreign country) <u>Campbell Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Bill York</u>	
13b. MOTHER'S MAIDEN NAME <u>Lucille Edwards</u>		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'S SIGNATURE OR NAME <u>Bill York</u> ADDRESS <u>Campbell Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Steleosis</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. <u>Prenatal</u>	
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. HOW DID INJURY OCCUR? _____	
21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>7-10, 1950</u> , to <u>7-11, 1950</u> , that I last saw the deceased alive on <u>7-11, 1950</u> , and that death occurred at <u>12:29 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>L.C. Wilson M.D.</u> (Degree or title)		23b. ADDRESS <u>Kennett Mo</u>	
23c. DATE SIGNED <u>7-11-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7-11-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barnes</u>	
24d. LOCATION (City, town, or county) (State) <u>Burns Mo</u>		DATE REC'D BY LOCAL REG. <u>7-11-1950</u>	
REGISTRAR'S SIGNATURE <u>Carl Hubbard</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>W.T. Emms</u> ADDRESS <u>Jackson Ark</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 7-12-50
COUNTY FILE NUMBER 750-199

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.....

Licensed Embalmer No.....

P. O. Address.....

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.