

FILED AUG 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24463

BIRTH NO. _____ REG. DIST. NO. 514 PRIMARY REG. DIST. NO. 4459 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Osceola		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Osceola	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 1930	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED a. (First) Melvina		b. (Middle) -	
c. (Last) York		4. DATE OF DEATH (Month) (Day) (Year) 7/10/50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 11, 1912
9. AGE (In years) (last birthday) 37		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping	11. BIRTHPLACE (State or foreign country) St. Clair Co; Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME W.K. Dunlap		13b. MOTHER'S MAIDEN NAME Mary Ann Taylor	14. NAME OF HUSBAND OR WIFE William York
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If No, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Beulah York Osceola Mo;
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of ascending colon INTERVAL BETWEEN ONSET AND DEATH 2 yrs. ANTECEDENT CAUSES Morbidity 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. 153X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>6-4</u> , 19 <u>50</u> , to <u>7-10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-10</u> , 19 <u>50</u> , and that death occurred at <u>5 A.M.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE T. H. Tangles, Jr.		23b. ADDRESS Osceola, Mo.	23c. DATE SIGNED 7/11/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/12/50	24c. NAME OF CEMETERY OR CREMATORY Osceola Cemetery
24d. LOCATION (City, town, or county) (State) Osceola Mo		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Beulah, Osceola Mo	
DATE REC'D BY LOCAL REG. July 12, 1950		REGISTRAR'S SIGNATURE Frank Beers	

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

0930

RECEIVED 8-2
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8-2-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *J B Goodrich* _____

Licensed Embalmer No. *3038* _____

P. O. Address *Osceola 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.