

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32769

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>412</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>visiting</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2069</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1396 Sample</u>			
3. NAME OF DECEASED (Type or Print) <u>Evelyn</u>		a. (First)		b. (Middle) <u>Eileen</u>		c. (Last) <u>York</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12, 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>11/13/26</u>		9. AGE (In years last birthday) <u>23</u>		10. IF UNDER 1 YEAR Months Days <u>10 29</u>		11. IF UNDER 12 HRS. Hours Min. <u>10 29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Registered Nurse</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>		11. BIRTHPLACE (State or foreign country) <u>Butler Co., Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Jess Wisecarver</u>		13b. MOTHER'S MAIDEN NAME <u>Dess Hickson</u>		14. NAME OF HUSBAND OR WIFE <u>Ira M. York</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-32-8825</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ira M. York, St. Louis, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphatic leukemia</u> 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. <u>Secondary anemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2040</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
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) (Min.)		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>1 Oct</u> , 19 <u>50</u> , to <u>12 Oct</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12 Oct</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. H. Johnson</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Poplar Bluff, Missouri</u>		23c. DATE SIGNED <u>13 Oct 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10/15/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shilo</u>		24d. LOCATION (City, town, or county) (State) <u>Butler Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 16 - 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		428		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Greer Croy & Fitch Poplar Bluff, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 25 1959

BUTLER CO. HEALTH CENTER

FILE No. 1050-443

1050-443

1050-443

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 _____

Joseph R. Matlock

Student Embalmer No. 375

working under my personal supervision.

Student Joseph R. Matlock
Student Embalmer

Signed

Wallace H. Fitch

Licensed Embalmer No. 3859

P. O. Address

Poplar Bluff, 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.