

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**8036**

State File No. \_\_\_\_\_

No. 300  
10.48

**FILED MAR 19 1951**

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>4197</u>		Registrar's No. <u>210</u>	
1. PLACE OF DEATH a. COUNTY <u>Generty</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Generty</u>			
b. CITY OR TOWN <u>Stonberny</u>		c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		c. CITY OR TOWN <u>Stonberny</u>		0380	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. 3rd St.</u>				d. STREET ADDRESS (If rural, give location) <u>W. 3rd</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs EDNA</u> b. (Middle) <u>M</u> c. (Last) <u>YORK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 6 1951</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Apr. 6 1898</u>	
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Woods, CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James M. Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Ann</u>		14. NAME OF HUSBAND OR WIFE <u>CLYDE YORK</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clyde York Stonberny 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute leukemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 wks.</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.				2043	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS 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>Feb. 26</u> , 19 <u>51</u> , to <u>Mar. 6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Mar 6</u> , 19 <u>51</u> , and that death occurred at <u>3:12 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul J. Kadell</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Conception Det., Mo</u>			23c. DATE SIGNED <u>3/8/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>3/9/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Woods</u>		24d. LOCATION (City, town, or county) (State) <u>Stonberny Generty MO</u>	
DATE REC'D BY LOCAL REG. <u>Mar 10 - 1951</u>		REGISTRAR'S SIGNATURE <u>E. Edith Seibler</u>		5. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stonberny MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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MO 11



**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.~~

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 1898

P. O. Address Stoughton, N.C.

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.