

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11906

FILED MAY 14 1951

BIRTH NO. _____		REG. DIST. NO. 62		PRIMARY REG. DIST. NO. 5239		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-LINN				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-LINN 0200			
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS (If rural, give location) 6 Mi. S. of Stockton, Mo.			
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) Benjamin		c. (Last) York	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Nov. 21, 1862	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer		11. BIRTHPLACE (State or foreign country) Cedar County		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME T. P. York		13b. MOTHER'S MAIDEN NAME Mary Simmons		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jewell Rutledge, Stockton, 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) Hypostatic pneumonia Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Siring bed fast in old age DUE TO (c) in old age II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days	
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) (Min)	
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 4-16, 1951, to 4-24, 1951, that I last saw the deceased alive on 4-24, 1951, and that death occurred at 1: A. M., from the causes and on the date stated above.			
23a. SIGNATURE [Signature] Degree or title		23b. ADDRESS Stockton, Mo.		23c. DATE SIGNED 4-25-51			
24a. NAME OF CEMETERY [Signature] Stockton, Mo.		24b. LOCATION (City, town, or county) Cedar County Missouri		24c. DATE REC'D BY LOCAL REG. 5-3-51			
24d. REGISTRAR'S SIGNATURE [Signature] 54		24e. FUNERAL DIRECTOR'S SIGNATURE [Signature] 54		24f. ADDRESS [Signature] Stockton, Mo.			

(Licensed Embalmer, Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 8 1951

Dist. File 237-982

Date Filed 5-8-51

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 _____

Richard W. Bandall

Student Embalmer No. 405

working under my personal supervision.

Signed Richard W. Bandall
Student Embalmer

Signed John A. Cantton
Licensed Embalmer No. 4387

P. O. Address Stoughton, Mass.

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.