

FILED JUN 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15912

State File No.

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>61</u> | | PRIMARY REG. DIST. NO. <u>4107</u> | | Registrar's No. <u>30</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Cedar</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u> | | c. LENGTH OF STAY (In this place) <u>2 wks.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rt. #3, El Dorado Springs</u> | | d. STREET ADDRESS (If rural, give location) <u>Box 100</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chamber Nursing Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Rt. #3</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Andy</u> | | b. (Middle) <u>Marion</u> | | c. (Last) <u>York</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 1951</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Dec. 3, 1867</u> | |
| 9. AGE (In years last birthday) <u>83</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Senior Station Operator</u> | | 11. BIRTHPLACE (State or foreign country) <u>Paris Springs, Ind.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Senior Station Operator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (State or foreign country) <u>Paris Springs, Ind.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Wm York</u> | | 13b. MOTHER'S MAIDEN NAME <u>Caroline Jackson</u> | | 14. NAME OF MARRIAGE OR WIFE <u>Mary 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 <u>Mary York Rt. 3 El Dorado Springs</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>Cerebral apoplexy</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, severe</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 331X | | 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) m. | | 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>15 May, 1951</u> , to <u>26 May, 1951</u> , that I last saw the deceased alive on <u>25 May, 1951</u> , and that death occurred at <u>8:00 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John Hill</u> | | | | 23b. ADDRESS <u>M. D. El Dorado Springs, Mo.</u> | | 23c. DATE SIGNED <u>26 May 1951</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-27-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Cedar Co. Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>May 26, 1951</u> | | REGISTRAR'S SIGNATURE <u>Wm H. Kershner</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Shuman Brothers El Dorado Springs</u> | | | |
| (Licensed Embalmer's 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 31 1951

Dist. File 5-31-9236

Date Filed 5-31-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Max W. Pickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Springs

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.