

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 15 1951

State File No. 15919

BIRTH NO. _____		REG. DIST. NO. 62		PRIMARY REG. DIST. NO. 3238		Registrar's No. 18	
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-JEFFERSON				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-JEFFERSON			
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS (If rural, give location) 6 Mi. E. of Stockton, Mo			
3. NAME OF DECEASED (Type or Print)		a. (First) ROY		b. (Middle) PRESTON		c. (Last) YORK	
4. DATE OF DEATH		(Month) May		(Day) 27,		(Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 25, 1895		9. AGE (In years last birthday) 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		11. BIRTHPLACE (State or foreign country) Cedar County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph R. York		13b. MOTHER'S MAIDEN NAME Anna E. Preston		14. NAME OF HUSBAND OR WIFE Goldie York			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Goldie York, 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) Cerebral hemorrhage, Left hemiplegia (b) Arteriosclerotic (c) Hypertensive heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH days yrs. 3 3/4	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1-31-1950, to 5-27-1951, that I last saw the deceased alive on 5-27-1951, and that death occurred at 4:30 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Wm. B. Richter, M.D.		(Degree or title)		23b. ADDRESS Stockton Mo.		23c. DATE SIGNED 5-28-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-31-51		24c. NAME OF CEMETERY OR CREMATORIAL Alder		24d. LOCATION (City, town, or county) (State) Cedar County Missouri	
DATE REC'D BY LOCAL REG. 6-2-51		REGISTRAR'S SIGNATURE Geneva Garrison		54 FUNERAL DIRECTOR'S SIGNATURE John C. Cantlon		ADDRESS Stockton, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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

RECEIVED JUN 5 1951

Dist. File 651-1290

Date Filed 6-6-51

JUN 15 1951

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. Cantler

Licensed Embalmer No. 4397

P. O. Address Stockton, 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.