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S. No. 300  
V. 10.48

FILED DEC 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36803

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5357</u>		Registrar's No. <u>103</u>		
1. PLACE OF DEATH a. COUNTY <u>Daviess County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>				
b. CITY OR TOWN <u>Pattonburg, Mo.</u>		c. LENGTH OF STAY (in this place) <u>--</u>		c. CITY OR TOWN <u>Diamond, Mo.</u>		<u>0731</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway # 69</u>				d. STREET ADDRESS <u>--</u> (If rural, give location) <u>1</u>				
3. NAME OF DECEASED (Type or Print) <u>EDWIN EUGENE YORK</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 29, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u>		8. DATE OF BIRTH <u>April 24, 1921</u>		
9. AGE (In years last birthday) <u>30</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u>30</u>		11. BIRTHPLACE (State or foreign country) <u>Moravia, Iowa</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Dr. H.F. York</u>			13b. MOTHER'S MAIDEN NAME <u>Lola Montgomery</u>			14. NAME OF HUSBAND OR WIFE <u>Wanda Lois York</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Yes</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wanda Lois York, Diamond, 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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pericardial left lung</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>See the fracture of 2nd, 3rd, 4th &amp; 5th ribs</u> DUE TO (c) <u>Concussion of Brain</u>					INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u> <u>8:23 4</u> <u>6:32</u>	
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.) <u>3 MI. N. PATTONBURG</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pattonburg, Daviess Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-29-51 6:00 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car slid on pavement</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>11-29, 1951</u> , and that death occurred at <u>6:00 AM</u> , from the causes and on the date stated above.								
22a. SIGNATURE <u>F. Lloyd E. Nelson</u> (Degree or title) <u>3</u>				22b. ADDRESS <u>Gallatin, Mo.</u>		22c. DATE SIGNED <u>11-29-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/2/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Bentonville, Ark.</u>		
DATE REC'D BY LOCAL REG. <u>30 Nov 1951</u>		REGISTRAR'S SIGNATURE <u>W. E. Enright</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis [unclear] Pattonburg, Mo.</u>			

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

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**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.

Student .....  
Student Embalmer

Signed Louis Quest

Licensed Embalmer No. 4096

P. O. Address Pottsville, 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.