

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42561

FILED JAN 4 1952		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4427		Registrar's No. 172	
1. PLACE OF DEATH a. COUNTY <u>Dulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>York</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 19, 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>March 6, 1951</u>	
9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>8</u> DAYS <u>13</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William W. York</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Gen</u>		14. NAME OF HUSBAND OR WIFE <u>Mary York</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary York</u> ADDRESS <u>Waynesville, Mo. R. 1</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>Chronic myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</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>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 25, 1951</u> , to <u>Dec 19, 1951</u> , that I last saw the deceased alive on <u>Dec 19, 1951</u> , and that death occurred at <u>9:40 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Eugene D. Shashon D.D.</u> (Degree or title)				23b. ADDRESS <u>Waynesville, Mo.</u>		23c. DATE SIGNED <u>12-26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec. 21, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Idume Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Waynesville, Rural Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-26-51</u>		REGISTRAR'S SIGNATURE <u>Eugene D. Shashon</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Hedges Kern, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-26-51
Pulaski County Health Officer
File Number
Date Filed 12-31-51

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 _____

_____ Student Embalmer No. _____
working under my personal supervision.
Student
Student Embalmer
Signed Walter A. Hedge
Licensed Embalmer No. 24265
P. O. Address Verona, 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.