

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23270**

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6093** Registrar's No. **129**

1970
2

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

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall Twp		c. LENGTH OF STAY (in this place) 2 yr. 9 mo.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg, Mo		d. STREET ADDRESS (If rural, give location) 210 Burton Rd	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo State School			

3. NAME OF DECEASED (Type or Print) a. (First) Delmar Ray b. (Middle) York c. (Last) York			4. DATE OF DEATH (Month) (Day) (Year) 6 21 1962		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Oct 20 1931	9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months 7 Days 23	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patient	10b. KIND OF BUSINESS OR INDUSTRY State School	11. BIRTHPLACE (State or foreign country) Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Henry York	13b. MOTHER'S MAIDEN NAME Gladya Sherman	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME State School Records	ADDRESS Marshall Mo
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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		INTERVAL BETWEEN ONSET AND DEATH Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Meningitis			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Aug 1**, 1962, to **June 21, 1962**, that I last saw the deceased alive on **June 21, 1962**, and that death occurred at **2:40** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Delmar York	23b. ADDRESS Marshall Mo	23c. DATE SIGNED 6-21-62
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-23-52	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Warrensburg Mo
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DATE REC'D BY LOCAL REG. June, 23-1962	REGISTRAR'S SIGNATURE Widney T Gray	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phyllis	ADDRESS Warrensburg Mo
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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.

Signed Earl Priest

Signed.....
Student Embalmer

Licensed Embalmer No. 3878

P. O. Address Warrensburg

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.