No. 300
10-48

FILED AUG 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28735

BIRTH NO. _____ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 5741 Registrar's No. 153

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

1. PLACE OF DEATH
a. COUNTY: MACON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-RUSSEL
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ——

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MACON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-RUSSEL 0610 0
d. STREET ADDRESS (If rural, give location): 6 Miles N.W. of NEW CAMBRIA

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): ——
c. (Last): YORK

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 12, 1952

5. SEX: M O
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCTOBER 12, 1896
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 10, Days 0 — IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: JOSEPH YORK
13b. MOTHER'S MAIDEN NAME: DOVEY MOLLOY
14. NAME OF HUSBAND OR WIFE: SARAH FRANCES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME ____ **ADDRESS** ____: Mrs Wilma Podzinsek Buckler 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): none
DUE TO (c): none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4201

19a. DATE OF OPERATION: ——
19b. MAJOR FINDINGS OF OPERATION: ——
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): Rural Township Macon Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —— m.
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* ——, 19__, *to* ——, 19__, *that I last saw the deceased alive on* ——, 19__, *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C.O. West M.D.
23b. ADDRESS: New Cambria
23c. DATE SIGNED: Aug 14 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Aug 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: CASH
24d. LOCATION (City, town, or county) (State): MACON CO. MO

DATE REC'D BY LOCAL REG.: Aug 14, 1952
REGISTRAR'S SIGNATURE: Josephine King 397
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H.F. Gilleland New Cambria Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8.20.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 8.52.103
Date Filed 8.26.52

AUG 28 1952

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 H. J. Gilleland

Signed .....
Student Embalmer

Licensed Embalmer No. 4019

P. O. Address New Cambria Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.