

STANDARD CERTIFICATE OF DEATH

28971

State File No.

FILED AUG 27 1952

BIRTH NO.

REG. DIST. NO. 274

PRIMARY REG. DIST. NO. 3052

Registrar's No. 265

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR Sedalia TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR Sedalia TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 103 East Boonville		d. STREET ADDRESS (If rural, give location) 403 East Boonville	
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) COLLIER	
c. (Last) YORK		4. DATE OF DEATH (Month) (Day) (Year) Aug 20, 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 25, 1881
9. AGE (In years last birthday) 70		10. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY R.R. Shops	
11. BIRTHPLACE (State or foreign country) Cooper County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry F. York		13b. MOTHER'S MAIDEN NAME Elizabeth Stultz	
14. NAME OF HUSBAND OR WIFE Mrs. Edith York		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edith York, Sedalia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) Bronchial Asthma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 241X	
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) 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 Mar 5th, 1950 until Aug 20, 1952 and that death occurred at 11:37 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE W. J. Campbell M.D.		23b. ADDRESS Sedalia, Mo	
23c. DATE SIGNED 8-21-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 23, 1952	
24c. NAME OF CEMETERY OR CREMATORY Crown Hill		24d. LOCATION (City, town, or county) (State) Sedalia, Mo	
DATE REC'D BY LOCAL REG. 8-21-52		REGISTRAR'S SIGNATURE W. J. Campbell M.D.	
FUNERAL DIRECTOR'S SIGNATURE W. J. Campbell M.D.		ADDRESS Sedalia, Mo	

(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME

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

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. 431
working under my personal supervision.

Student *[Signature]*.....
Student Embalmer

Signed *[Signature]*.....

Licensed Embalmer No. 3470.....

P. O. Address *[Signature]*.....

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.