

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35980

State File No.

FILED OCT 24 1952

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wayneville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plato, Missouri</u>	
c. LENGTH OF STAY (In this place) <u>1-week</u>		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print) <u>Vandiver</u>	a. (First) <u>Hill</u>	b. (Middle) <u>York</u>	c. (Last) <u>York</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 8, 1952</u>
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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 10, 1872</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Waynesville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John F. York</u>	13b. MOTHER'S MAIDEN NAME <u>Cynthia Hinshaw</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah E. York</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sarah York</u>	ADDRESS <u>Plato, Missouri</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia terminal</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchitis chronic</u> DUE TO (c) <u>Arterial sclerosis</u>		
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 <u>56.21</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>200</u>	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 Sept 17, 1952 to Oct 8, 1952, that I last saw the deceased alive on Oct 8, 1952, and that death occurred at 10:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. Malotte</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Crocker Mo. City 1952</u>	23c. DATE SIGNED <u>Oct 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 12/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Palace Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Palace Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-12-52</u>	REGISTRAR'S SIGNATURE <u>Paula Pape Anderson</u>	4587	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedges Funeral Home</u>	ADDRESS <u>Waynesville, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

250

89

RECEIVED 10-18-52
Pulaski County Health Officer
File Number
Date Filed 10-12-52

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 P. Hedger* _____

Licensed Embalmer No. *4265* _____

P. O. Address *Sherris, 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.