

No. 300  
10. 48

REC'D DEC 29 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44264**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 85

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Stoddard</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Liberty)</u> |  | c. LENGTH OF STAY (in this place)   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Liberty)</u>   |  |
|   |  | d. STREET ADDRESS (If rural, give location) <u>R.F.D. #3, Dexter, Mo.</u>   |  |

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|--|--|---|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Clora</u> |  | b. (Middle) <u>Ann</u>  |  | c. (Last) <u>York</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Dec. 6, 1952</u>                      |  |
| 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u> |  | 8. DATE OF BIRTH<br><u>June 29, 1952</u>  |  |
| 9. AGE (in years last birthday) <u>71</u>                      |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House-keeper</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Stoddard County, Mo.</u> |  |
|  |  |   |  |  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S.</u>                                      |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME<br><u>Hardin T. Giles</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary A. Rankin</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>George M. York (Dec'd)</u>                                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> |  | 16. SOCIAL SECURITY NO.<br><u>----</u>             |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Emma Emerling, 34 Sunset Ct. Norman, Mo.</u> |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myelogenous Leukemia</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>7 mos.</u> |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Acute Normolytic Anemia</u> |  | <u>2 mos.</u>                                     |  |
|   |  | DUE TO (c)   |  |   |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS.<br>Conditions contributing to the death but not related to the disease or condition causing death.                               |  |   |  |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 19a. DATE OF OPERATION                                 |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>2041</u>  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?  |  |

22. I hereby certify that I attended the deceased from 10-15, 1952, to 11/23, 1952, that I last saw the deceased alive on 11/23, 1952, and that death occurred at 12:20 A. from the causes and on the date stated above.

|  |  |                             |  |   |  |   |  |
|--|--|-----------------------------|--|---|--|---|--|
| 23a. SIGNATURE<br><u>H. Stollie, M.D.</u>                  |  | (Degree or title)           |  | 23b. ADDRESS<br><u>1007 W. Grand</u>                  |  | 23c. DATE SIGNED<br><u>12/8/52</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> |  | 24b. DATE<br><u>12-8-52</u> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Sycamore</u> |  | 24d. LOCATION (City, town or county) (State)<br><u>R.F.D. #3, Dexter, Mo.</u> |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG.<br><u>12/22/52</u> |  | REGISTRAR'S SIGNATURE<br><u>Victoria V. Jenkins</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Strickland-Rainey, Dexter, Mo.</u> |  |
|---|--|---|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

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FEB 11 1953

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 \_\_\_\_\_

Licensed Embalmer No. 3479

P. O. Address Wayton, 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.