

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10416

State File No.

FILED MAR 18 1953

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Laclede County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon, Missouri</u>		c. LENGTH OF STAY (In this place) OR TOWN <u>1 day</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Rt. 1</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Sylvia</u>	b. (Middle) <u>Anna</u>	c. (Last) <u>York</u>	<u>Feb. 22, 1953</u>		

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 18, 1908</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Pulaski County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Will J. Rains</u>	13b. MOTHER'S MAIDEN NAME <u>Harriet Kissinger</u>	14. NAME OF HUSBAND OR WIFE <u>Linden Earl 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>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Linden Earl York</u>	ADDRESS <u>Richland, Mo Rural</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, ovary</u>		<u>18 mos.</u>
	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. <u>Emboliom, left femoral artery</u>			<u>12 hrs.</u>

19a. DATE OF OPERATION <u>Jan 1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma, right ovary 175x</u>	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 Nov, 1951, to Feb. 22, 1953, that I last saw the deceased alive on July 21, 1953, and that death occurred at 2:45 ^{a.} m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Johnson</u> (Degree or title) <u>no</u>	23b. ADDRESS <u>Lebanon, Missouri</u>	23c. DATE SIGNED <u>3-9-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 24/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethelam Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Swedeborg, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-9-1953</u>	REGISTRAR'S SIGNATURE <u>Wella L. Ray</u> <u>424-9</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedges Funeral Home Crocker, Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

537
0

MAR 16 1953

Wayne County Health Dept

3-53-49

Date Filed MAR 17 1953

MAR 18 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.....

working under my personal supervision.

Student Embalmer No.....

Signed Clarence Gross

Signed.....
Student Embalmer

Licensed Embalmer No. 4876

P. O. Address Wayneville, Ind

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.