

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

24300

State File No.

No. 300
10.44

D AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4154** Registrar's No. **53-76**

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield Mo.	
c. LENGTH OF STAY (in this place) yrs		0290 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Smith rest home		d. STREET ADDRESS (If rural, give location) So Main St	

3. NAME OF DECEASED (Type or Print) a. (First) Cora b. (Middle) _____ c. (Last) York			4. DATE OF DEATH (Month) (Day) (Year) Aug. 1 1953		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 12, 1866	9. AGE (In years last birthday) 86 IF UNDER 1 YEAR: Months 8 Days 19 IF UNDER 2 HRS: Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY house wife		11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Elzie White		13b. MOTHER'S MAIDEN NAME Carlyn Fox		14. NAME OF HUSBAND OR WIFE Adam York	
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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) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME W.B. Langford		ADDRESS Greenfield Mo.	
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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, asthma, 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) probable heart failure						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility + heart.						
	DUE TO (c)						
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 931746	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 029
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	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 after death, to aug 1, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.R. Allison, Coroner 3	23b. ADDRESS Greenfield Mo	23c. DATE SIGNED 8/1/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE aug, 3, 1953	24c. NAME OF CEMETERY OR CREMATORY Bald Mound	24d. LOCATION (City, town, or county) (State) Dade Co. Mo.
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DATE REC'D BY LOCAL REG. 8-3-53	REGISTRAR'S SIGNATURE J.C. Canada	4770	25. FUNERAL DIRECTOR'S SIGNATURE W.R. Allison	ADDRESS Greenfield Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 W.R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, M.

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.