

FILED AUG 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27900

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>326</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Oklahoma</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff,</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oklahoma City</u>		<u>8350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1215 Southeast 51st Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>E.</u>		c. (Last) <u>YORK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 2, 1953</u>	
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>April 21, 1887</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat Packer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Packing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Eunice York</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WW I</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS</u>			
17. ADDRESS <u>VA HOSPITAL RECORDS</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u>					
		ANTECEDENT CAUSES					
		DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE (History)</u>				<u>3 yrs.</u>	
		DUE TO (c) <u>HEMIPLEGIA, LEFT, RESIDUALS OF (History): Secondary to 1 (b)</u>				<u>3 yrs.</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>352X</u>				20. AUTOPSY? 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) <u>VA</u>		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 <u>Aug. 2, 1953</u> , to <u>Aug. 2, 1953</u> , and that death occurred at <u>10:20 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ernest M. Tapp, M.D.</u> (Degree or title)				23b. ADDRESS <u>VA Hospital, Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>8-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/6/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Lane Cem. Oklahoma City Oklahoma</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>8/13/53</u>		REGISTRAR'S SIGNATURE <u>R. H. Murrell</u>		EMERAL DIRECTOR'S SIGNATURE <u>Robert M. Spodden</u>		ADDRESS <u>New Queen</u>	

RECEIVED
AUG 17 1953
BUTLER CO. HEALTH CENTER

FILE No. _____

SEP 22 1953

SEP 21 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 Allen C. McGowan

Licensed Embalmer No. 4543

P. O. Address Van Buren St

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.