

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

33311

State File No.

FILED OCT 26 1954

BIRTH NO. REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5238 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Jefferson Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Jefferson Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Miles E. of Stockton</u>		d. STREET ADDRESS (If rural, give location) <u>4 Miles E. of Stockton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLEY</u> b. (Middle) <u>NEWTON</u> c. (Last) <u>YORK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 4, 1870</u>
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>4</u>	11. DAYS <u>1</u>
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>Farm Owner</u>	11. BIRTHPLACE (State or foreign country) <u>Cedar County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			

13a. FATHER'S NAME <u>Thomas P. York</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ellen Simmons</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Np</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence York Stockton, Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic hypertension</u> ANTECEDENT CAUSES <u>Cardio-vascular disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs. 1 day</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Jan, 1941, to Sept, 1954, that I last saw the deceased alive on Sept 15 1954, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. B. Ritter M.D.</u>		23b. ADDRESS <u>Stockton, Mo.</u>		23c. DATE SIGNED <u>10-6-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-6-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stockton City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Stockton, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>10-19-1954</u>		REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fuller Funeral Home, Stockton, Mo.</u>	
				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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

John A. Cantlon

Licensed Embalmer No. *4387*

P. O. Address *Stoughton, Ma.*

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.