

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33639 ✓

State File No. ....

4232

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>8 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3525 Paseo Blvd.</u>				d. STREET ADDRESS (If rural, give location) <u>3525 Paseo Blvd.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Archie</u> b. (Middle) <u>Franklin</u> c. (Last) <u>York</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 30, 1955</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>July 18, 1886</u>		
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. R.R. Fireman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Hillary York</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Pearl York</u>		
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>X X X 509-20-2834</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Pearl York</u> ADDRESS <u>3525 Paseo Blvd.</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, ashenia, etc. It means the disease, injury, or complication which caused death.								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u>						<u>3 yrs</u>		
DUE TO (c) <u>Hypertension</u>						<u>5 yrs</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>etc</u>						<u>4/20</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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>none</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>June 1953</u> to <u>Sept 30, 1955</u> that I last saw the deceased alive on <u>Sept 30, 1955</u> and that death occurred at <u>9 AM</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>M. B. Casebolt</u> M. B. Casebolt, M. D. (Degree or title)				23b. ADDRESS <u>4000 Baltimore</u>		23c. DATE SIGNED <u>9-30-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-30-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>10-1-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Floral Hills Chapel</u>		ADDRESS <u>K.C.Ks.</u>		

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

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 Ross Blanford*

Licensed Embalmer No. ~~104~~ 4015

P. O. Address *RCK*

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.