

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43535**

FILED MAR 26 1956

*Delayed*  
REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **190**

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cape Girardeau Mo</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo</b> b. COUNTY <b>Cape Girardeau</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>   |  | c. LENGTH OF STAY (in this place) <b>17 yrs</b>  | c. CITY OR TOWN <b>Cape Girardeau</b>  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Francis Hospital</b>   |  | d. is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>• STREET ADDRESS (If rural, give location) <b>401 LaCroix St Cape Girardeau</b> |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Cleveland</b> b. (Middle) <b>York</b> c. (Last)   |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 8, 1955</b>  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  | 8. DATE OF BIRTH <b>Jan. 6, 1883.</b>  |
| 9. AGE (In years last birthday) <b>72</b>  |  | IF UNDER 1 YEAR Months <b>0</b> Days <b>4</b>  | IF UNDER 24 HRS. Hours <b>0</b> Min. <b>14</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Evansville Ind.</b>                          |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>  |  | 13a. FATHER'S NAME <b>Philmore York</b>  |  |
| 13b. MOTHER'S MAIDEN NAME <b>Dont Know</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Lilly Heatley York</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>   |  | 16. SOCIAL SECURITY NO. <b>Link</b>  | 17. INFORMANT'S SIGNATURE OR NAME <b>Lilly York</b> ADDRESS <b>401 LeCrox St Cape Girardeau Mo</b> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>                   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crushed Chest - Fractured Pelvis</b>  |  |
| II. ANTECEDENT CAUSES<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>   |  | DUE TO (b) _____<br>DUE TO (c) _____   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i>   |  | INTERVAL BETWEEN ONSET AND DEATH _____   |  |
| 19a. DATE OF OPERATION <b>5 Dec 55</b>   | 19b. MAJOR FINDINGS OF OPERATION <b>Crushed Chest. Right Pneumothorax.</b>                             |  | 20. AUTOPSY? YES <input checked="" 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) <b>112</b> (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 <b>5 Dec, 1955</b> , to <b>8 Dec, 1955</b> , that I last saw the deceased alive on <b>7 Dec, 1955</b> and that death occurred at <b>2:30 PM</b> from the causes and on the date stated above. |  |  |  |
| 23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>  |  | 23b. ADDRESS <b>1912 Broadway</b>  | 23c. DATE SIGNED <b>9 Dec 55</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 24b. DATE <b>12/10/55</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Lormier Cent</b>   | 24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo.</b>                            |
| DATE REC'D BY LOCAL REG. <b>12-24-56</b>   | REGISTRAR'S SIGNATURE <b>C. C. Summers</b>   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>D. D. Homan</b> ADDRESS <b>Cape Girardeau Mo.</b>  |  |

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.....  
Signature of Student Embalmer

Signed.....  
*J. H. Haman*

Licensed Embalmer No. 2863.

P. O. Address Cape Girardeau

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.