

THE DIVISION OF HEALTH OF MISSOURI

FILED NOV 26 1956

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 160

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) Waynesville, Mo		Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Crocker, Mo Rural.		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) Waynesville Gen. Hospital		Length of stay in lb 15 hrs.		d. STREET ADDRESS (If outside, give location) Rural Rt. #		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Lucy Middle Ellen Last York				4. DATE OF DEATH Month November Day 12 Year 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH June 6, 1901	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY None.		11. BIRTHPLACE (City and state or country) Phelps Co, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Fletcher.				14. MOTHER'S MAIDEN NAME Francis E. Burgett			
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. 492-12-5112		17. INFORMANT Kenneth Willard York Swedeborg, Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRAIN DAMAGE; CRUSHED Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chest with Collapsed Lung DUE TO (c) Following CAR ACCIDENT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) ✓						INTERVAL BETWEEN ONSET AND DEATH 18 hours.	
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAR ACCIDENT					
20c. TIME OF INJURY Hour 11 Month, Day, Year 11-11-56		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION PULASKI CO, MO		COUNTY		STATE	
21. I attended the deceased from NOV 11, 1956 to NOV 12, 1956 and last saw her alive on NOV 12, 1956 Death occurred at 10:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John A. Phokovich D.O.				22b. ADDRESS Crocker, Missouri		22c. DATE SIGNED 11/13/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/15/56		23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cemetery, Crocker, Missouri		23d. LOCATION (City, town, or county) (State)	
24. EMBALMER'S SIGNATURE Hedges Funeral Home		ADDRESS Crocker, Mo		25. DATE RECD. BY LOCAL REG. 11-14-56		26. REGISTRAR'S SIGNATURE Paula Anne Anderson	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED 11-17-56
Public Health Officer
File Number 11-14-56
Date Filed 11-17-56

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 *Clarence Phoss*

Licensed Embalmer No. *48*

P. O. Address *Waynes*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.