

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1112**

FILED JAN 28 1957

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **366**

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Clinton		c. CITY OR TOWN Clinton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 105 North Carter		e. STREET ADDRESS (If rural, give location) 105 North Carter	
3. NAME OF DECEASED a. (First) Oscar		b. (Middle) William	
		c. (Last) York	
4. DATE OF DEATH Jan; 19, 1957		5. SEX Male	
6. COLOR OR RACE Color		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 29, 1902		9. AGE (In years last birthday) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail	
11. BIRTHPLACE (City and State or Foreign Country) Osceola Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William O. York		13b. MOTHER'S MAIDEN NAME Melvina Dunlap	
14. NAME OF HUSBAND OR WIFE Pearl York		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 500-05-4927		17. INFORMANT'S SIGNATURE OR NAME Pearl York, Clinton Missouri	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis Death of once ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary heart disease 2 year DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? 3 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)		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 Sept 6, 1955 , to Dec. 19, 1957 , that I last saw the deceased alive on Jan. 7, 1957 , and that death occurred at 3:20 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE S. B. Hughes (Degree or title) MD		23b. ADDRESS Clinton Mo.	
23c. DATE SIGNED 1/23/57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-23-57	
24c. NAME OF CEMETERY OR CREMATORY Osceola Cemetery		24d. LOCATION (City, town, or county) (State) Osceola Missouri	
DATE REC'D BY LOCAL REG. 1-23-57		REGISTRAR'S SIGNATURE Mildred Bigum	
25. FUNERAL DIRECTOR'S SIGNATURE Richard F. Home		ADDRESS Osceola Mo	

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 *F.B. [Signature]*.....

Licensed Embalmer No. *3038*.....

P. O. Address *[Signature]*.....

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.