

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046972

STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 356 Primary Registration District No. 6211 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <b>Texas.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Plato</b> c. CITY OR TOWN <b>Plato, Missouri</b> <sup>1070</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Plato, Missouri</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Plato, Missouri</b> <sup>1070</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None.</b> Length of stay in lb <b>40 yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>None.</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Sarah.</b> Middle <b>Matilda</b> Last <b>York.</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>15,</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 20, 1874</b>
9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife.</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <b>Swedeborg, Missouri</b> c
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Newton Manes.</b>	
13b. MOTHER'S MAIDEN NAME <b>Emeline Campbell.</b>		14. NAME OF HUSBAND OR WIFE <b>Vandiver Hill 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>None.</b>	17. INFORMANT <b>Edward C. York</b> Address <b>Plato, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchitis chronic long</b> DUE TO (b) <b>Pneumonia</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <b>5021</b>			INTERVAL BETWEEN ONSET AND DEATH <b>20 years</b> <b>3700 lbs</b>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) -----	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----	
20e. CITY, TOWN, OR LOCATION <b>Radaway, Texas</b>		20f. COUNTY <b>TEXAS</b>	
20g. STATE <b>MO</b>		20h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>8:45</b> <b>A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E. Matilda</b> (Name or title) <b>M.D.</b>		22b. ADDRESS <b>Crocker, Missouri</b>	
22c. DATE SIGNED <b>12/16/58</b>		22d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12/18/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Pallace Cemetery.</b>		23d. LOCATION (City, town, or county) (State) <b>Plato, Missouri</b>	
24. FUNERAL DIRECTOR OR ADDRESS <b>Hedges Funeral Home Wayneville, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 19-58</b>	
26. REGISTRAR'S SIGNATURE <b>Myrtle Craig</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Moss* .....

Licensed Embalmer No. *4896* .....  
P. O. Address *Waynesville* .....

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.

3 1950