

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031644

FILED VS SEP 6 1960 290

STATE FILE NUMBER

ENDED.

Registration District No.

Primary Registration District No.

Registrar's No.

116

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) OR TOWN Waynesville, Missouri		Length of stay in 1b 5 days		c. CITY OR TOWN Richland, Missouri		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION General Hospital Waynesville, MO		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) None.		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First James Middle Clemmons Last York.				4. DATE OF DEATH Month August Day 11, Year 1960			
5. SEX Male	6. COLOR OR RACE White.	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒		8. DATE OF BIRTH 11/28/1896	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber.		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Waynesville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Samuel Clemmons York.		13b. MOTHER'S MAIDEN NAME Elizabeth Rayle.		14. NAME OF HUSBAND OR WIFE Hannah Warren.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ☒ No ☐ unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None.		17. INFORMANT Address Jack York Springfield, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) -----				1235 E. Elm St.		INTERVAL BETWEEN ONSET AND DEATH 2 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) -----				PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown			
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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. Month, Day, Year -----	-----						
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.) -----		20f. CITY, TOWN, OR LOCATION -----		COUNTY -----		STATE -----
21. I attended the deceased from Aug 4, 1960 to Aug 11, 1960 and last saw him alive on Aug 11, 1960 Death occurred at 4:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John R. Trishalovich D.O.				22b. ADDRESS Crocker, Missouri		22c. DATE SIGNED 8-13-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 13/60		23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery		23d. LOCATION (City, town, or country) (State) Richland, Mo	
24. FUNERAL HOME OR ADDRESS Hedges Funeral Home Richland, Mo		25. DATE RECD. BY LOCAL REG. 8-13-60		26. REGISTRAR'S SIGNATURE Gene G. Anderson			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

