

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009454

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 73

STATE FILE NUMBER

AMENDED

**FILED VS MAR 15 1961**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carthage</b>	Length of stay in lb <b>1 mo.</b>	c. CITY OR TOWN <b>Carthage</b>	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>McCune Brooks Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>915 Case</b>

3. NAME OF DECEASED (Type or print) First Middle Last <b>William Bransford York</b>			4. DATE OF DEATH Month Day Year <b>March 6 1961</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-18-1890</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>doctor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>M.D.</b>	11. BIRTHPLACE (City and state or country) <b>Cherokee, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	

13a. FATHER'S NAME <b>Charles Lewis York</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Elizabeth Ireland</b>		14. NAME OF HUSBAND OR WIFE <b>Dorothy Arlene York</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W.I</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Mrs. W. B. York, Carthage, Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b>
IMMEDIATE CAUSE (a) <b>Myocardial insufficiency with</b>			
DUE TO (b) <b>myocardial failure</b>			
DUE TO (c) <b>Colitis, Ulcerative.</b>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>malnutrition from Colitis</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.	Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <b>Feb 4 1961</b> to <b>Mar 6, 1961</b> and last saw her him alive on <b>Mar 6, 1961</b> Death occurred at <b>7:30 A. m</b> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <b>George K. Wood</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Medical Bldg., Carthage, Mo.</b>		22c. DATE SIGNED <b>3-8-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Mar. 8, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fark Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Carthage Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>The Ulmer Funeral Home, Carthage, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-8-61</b>	26. REGISTRAR'S SIGNATURE <b>Ellm Bluten</b>	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

MAR 15 1961

**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 Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address 1208 S. Garrison  
Carthage, Mo.

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.