

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024423

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 132 STATE FILE NUMBER

1. PLACE OF DEATH  
 a. COUNTY Cass  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville Length of stay in lb 9 days  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Cass  
 c. CITY OR TOWN Archie Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 1 mile S.W. of Archie, Mo. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Florence Middle Amy Last York 4. DATE OF DEATH Month July Day 27 Year 1961  
 5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 4/8/1876 9. AGE (last birthday) 85 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) housewife 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and state or country) Matlock Derbyshire Eng. 12. CITIZEN OF WHAT COUNTRY U.S.A.  
 13a. FATHER'S NAME James Wall 13b. MOTHER'S MAIDEN NAME Annie Moirberbeck 14. NAME OF HUSBAND OR WIFE Thomas M. York  
 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.    17. INFORMANT Address Mr. Jerry York Archie, 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) Hypertension  
 DUE TO (c) Atherosclerosis  
 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  
 INTERVAL BETWEEN ONSET AND DEATH 9 days

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 Month, Day, Year Hour a.m. p.m.  
 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 1954 to 7-27-61 and last saw her/him alive on 7-27-61  
 Death occurred at 9:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward S. Jensen MD 22b. ADDRESS Harrisonville, Mo 22c. DATE SIGNED 7-28-61  
 23a. BURIAL, CREMATION, RECOVERY (Specify) Burial 23b. DATE 7/30.1961 23c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cemetery 23d. LOCATION (City, town, or county) (State) Near Adrian, Missouri.

24. FUNERAL DIRECTOR ADDRESS Atkinson Dickey Archie, Mo 25. DATE RECD. BY LOCAL REG. July 29-1961 26. REGISTRAR'S SIGNATURE Mar Ray Seber

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 3 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

*Robert W. Robinson*

Licensed Embalmer No. 4902

P. O. Address Haverhill, M

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.