MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-007352
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 50

FILED MAR 8 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0497
2	0497
3	
4	1
5	1
6	
7	1
8	2
9	420.1
10	
11	
12	2-0
13	3-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carthage — Length of stay in 1b: 10 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): McCune-Brooks Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Jasper — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Fifth & Maiden Lane — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Mildred — Middle — Last York
4. DATE OF DEATH: Month February Day 25 Year 1963
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Oct. 30, 1902
9. AGE (last birthday): 60 — 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: own home
11. BIRTHPLACE (City and state or country): Pueblo Co., Ohio
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: Harvey Murphy
13b. MOTHER'S MAIDEN NAME: Mabel Welch
14. NAME OF HUSBAND OR WIFE: Earl York
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of
16. SOCIAL SECURITY NO.: 54
17. INFORMANT: Mrs. Dorothy Simpson, Carthage, Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Moments
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial infarction — 9 days.
DUE TO (c):
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 2/15/63, to 2/25/63 and last saw her/him alive on 2/25/63
Death occurred at 9:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles H. Isbell
22b. ADDRESS: Medical Building, Carthage, Mo.
22c. DATE SIGNED: 2/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 27, 1963
23c. NAME OF CEMETERY OR CREMATORY: Paradise Cemetery
23d. LOCATION (City, town, or county) (State): Jasper County, Mo.

24. FUNERAL DIRECTOR: Martin Selvey — ADDRESS: Selvey Funeral Home, Jasper, Mo.
25. DATE RECD. BY LOCAL REG.: 3-2-63
26. REGISTRAR'S SIGNATURE: E M Clinton

(Licensed Embalmer's Statement on Reverse Side)

MAR 11 1963

no permit issued

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 George W Newcomb

Licensed Embalmer No. 4671

P. O. Address Lockwood, 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.