

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033225

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 240 Primary Registration District No. 4427 Registrar's No. 109

FILED AUG 26 1963

|                                                                                                               |  |                                                                                                                                            |                                                                |
|---------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Pulaski</b>                                                                 |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b> |                                                                |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Waynesville</b>                       |  | Length of stay in 1b<br><b>Life</b>                                                                                                        | c. CITY<br>OR TOWN <b>Waynesville</b>                          |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Pulaski County Hospital</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                       | d. STREET ADDRESS<br>(If outside, give location)<br><b>---</b> |
|                                                                                                               |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                      |                                                                |

|                                                                                                                 |                                  |                                                                                                                                                             |                                                                     |                                                                     |                                                                                   |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>John</b> Middle <b>Nicholas</b> Last <b>York Sr</b>          |                                  |                                                                                                                                                             | 4. DATE OF DEATH<br>Month <b>Aug</b> Day <b>13</b> Year <b>1963</b> |                                                                     |                                                                                   |
| 5. SEX<br><b>Male</b>                                                                                           | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>June 20 1890</b>                             | 9. AGE (last birthday)<br><b>73</b>                                 | IF UNDER 1 YEAR<br>Months <b>73</b> Days <b>73</b> Hours <b>73</b> Min. <b>73</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Carpenter</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Commercial</b>                                                                                                      |                                                                     | 11. BIRTHPLACE (City and state or country)<br><b>Waynesville Mo</b> |                                                                                   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                                                                       |                                  | 13a. FATHER'S NAME<br><b>William L York</b>                                                                                                                 |                                                                     | 13b. MOTHER'S MAIDEN NAME<br><b>Susan Benton</b>                    |                                                                                   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Nellie A York</b>                                                             |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                    |                                                                     | 16. SOCIAL SECURITY NO.<br><b>---</b>                               |                                                                                   |
| 17. INFORMANT<br><b>Nellie A York</b>                                                                           |                                  | Address<br><b>Waynesville Missouri</b>                                                                                                                      |                                                                     |                                                                     |                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebrovascular accident</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Hypertension, chronic</b><br>DUE TO (b) <b>Hypertension, chronic</b><br>DUE TO (c) <b>Hypertension, chronic</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 days</b><br><b>8 years</b><br><b>10 years</b>                                                                             |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)<br><b>---</b>                                                                                                                                                                                                                                 |  | PART III. If deceased was female was there a pregnancy in last 90 days<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|                                                                                                                                                                                                                                            |                                                                                                           |                                                                                                            |                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input 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.)<br><b>---</b> |                                                                               |
| 20c. TIME OF INJURY<br>Hour <b>---</b> a.m. <b>---</b> p.m. <b>---</b><br>Month, Day, Year <b>---</b>                                                                                                                                      | 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.)<br><b>---</b>     | 20f. CITY, TOWN, OR LOCATION<br><b>Waynesville</b>                            |
| 21. I attended the deceased from <b>Aug. 3, 1963</b> to <b>Death</b> and last saw him alive on <b>Aug. 12, 1963</b><br>Death occurred at <b>3:30 A</b> m on the date stated above, and to the best of my knowledge from the causes stated. |                                                                                                           | 22a. SIGNATURE<br><b>Richard M. O.</b>                                                                     |                                                                               |
| 22b. ADDRESS<br><b>Richland, Missouri</b>                                                                                                                                                                                                  |                                                                                                           | 22c. DATE SIGNED<br><b>8-14-63</b>                                                                         |                                                                               |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                                 | 23b. DATE<br><b>8-15-63</b>                                                                               | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Cemetery</b>                                             | 23d. LOCATION (City, town, or county) (State)<br><b>Waynesville, Missouri</b> |
| 24. FUNERAL DIRECTOR<br><b>Moss-Williams</b>                                                                                                                                                                                               | ADDRESS<br><b>Waynesville Mo</b>                                                                          | 25. DATE RECD. BY LOCAL REG.<br><b>8-14-63</b>                                                             | 26. REGISTRAR'S SIGNATURE<br><b>Carla Ann Ordman</b>                          |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

DATE AMENDED

VS 300  
Rev. 4/59

VS 300  
Rev. 4/59

VS 300  
Rev. 4/59

VS 300  
Rev. 4/59

VS 300  
Rev. 4/59

VS 300  
Rev. 4/59

VS 300  
Rev. 4/59

OCT 15 1963

AUG 29 1963

**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 F. Hirsch*

Licensed Embalmer No.

*4896*

P. O. Address

*Waynesville 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.