

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049060

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 290

Primary Registration District No.

Registrar's No. 161

STATE FILE NUMBER

FILED DEC 18 1963

1. PLACE OF DEATH

a. COUNTY

PULASKI

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Swedeberg

Length of stay in 1b

22 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Residence

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

PULASKI

admission)

c. CITY
OR
TOWN

Swedeberg

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Charley

Guy

YORK

4. DATE
OF DEATH

Month

Day

Year

12

9

1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

2-17-1904

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 Hrs

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TRUCK DRIVER

10b. KIND OF BUSINESS OR INDUSTRY

Commercial

11. BIRTHPLACE (City and state or country)

Waynesville MO

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Luther York

13b. MOTHER'S MAIDEN NAME

Rose Shultz

14. NAME OF HUSBAND OR WIFE

Susie 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.

500-10-9709

17. INFORMANT

Susie York Swedeberg, Missouri

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PRIMARY CARCINOMA OF LUNG 2 yrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Secondary To Throat

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 ☐ Unknown19. 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.

Month, Day, Year

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 1945 to Dec 3, 1963 and last saw him alive on Dec 3, 1963
Death occurred at Dec 3, 1963 12:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John A. Mikulovich DO

22b. ADDRESS

CROCKER, MO

22c. DATE SIGNED

12-4-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

12-6-1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Cemetery

23d. LOCATION (City, town, or county)

CROCKER PULASKI, MO

(State)

24. FUNERAL DIRECTOR

ADDRESS

MOSS-WILLIAMS CROCKER, MO

25. DATE RECD. BY LOCAL REG.

12-8-63

26. REGISTRAR'S SIGNATURE

Paula Jean Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 1950

2 1950

3

4 2

5 1

6

7 0

8 2

9 1962-1

10

11

12 90-2

13 10

DEC 19 1963

JAN 23 1964

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 J. Moss

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.