

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34737

State File No.

FILED OCT 18 1949

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u> b. COUNTY <u>PULASKI</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RICHLAND</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Samuel</u> b. (Middle) <u>Clemmons</u> c. (Last) <u>YORK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 8 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 24 1868</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>20</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ag. boy</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ag. boy</u>	11. BIRTHPLACE (State or foreign country) <u>WYNESVILLE MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Marydeth York</u>		13b. MOTHER'S MAIDEN NAME <u>Marytha Mitchell</u>	
14. NAME OF HUSBAND OR WIFE <u>Ida York</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Lawrence Richland</u> ADDRESS <u></u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>			<u>8 wks</u>
ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation</u>			<u>3 yrs.</u>
DUE TO (c) <u>Coronary Sclerosis</u>			<u>10 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>332X</u>
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug 8</u> , 19 <u>49</u> , to <u>Oct 8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct 6</u> , 19 <u>49</u> , and that death occurred at <u>5:10</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul C. Rook M.D.</u>		23b. ADDRESS <u>Richland, Mo</u>	23c. DATE SIGNED <u>Oct 19 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>10/19/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Richland Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-11-49</u>	REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorn</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Repeel Richland</u> ADDRESS <u></u>	

OCT 11 1949

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 _____

Cowell Craig

Student Embalmer No. *329*

working under my personal supervision.

Student *Cowell Craig*
Student Embalmer

Signed _____

R. B. [Signature]

Licensed Embalmer No. *3198*

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.