

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24049

State File No. _____
Registrar's No. 327

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If last sign: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenville</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MOSES</u>	b. (Middle) <u>ELEKIAL</u>	c. (Last) <u>YORK</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>8-3-53</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. 26, 1882</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Serviceable Op.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>York Village</u>	11. BIRTHPLACE (State or foreign country) <u>Butler Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John York</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Casey</u>	14. NAME OF HUSBAND OR WIFE <u>Heldie York</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no. or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>486-38 2838</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Heldie York</u>	ADDRESS <u>Greenville Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 2, 1953, to Aug. 3, 1953, that I last saw the deceased alive on Aug 3, 1953, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. M. Merrickson, M.D.</u> (Degree or title)	23b. ADDRESS <u>Poplar Bluff, Missouri</u>	23c. DATE SIGNED <u>8-6-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-6-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sebastian Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Sebastian Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/8/53</u>	REGISTRAR'S SIGNATURE <u>R. H. Muehler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maxine E. Bevel</u>	ADDRESS <u>Champion Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
AUG 10 1953
BUTLER CO. HEALTH CENTER
FILE No. _____

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Marvin E. Bowles* _____

Licensed Embalmer No. *4426* _____

P. O. Address. *Piedmont, 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 this body is not embalmed, fact should be so stated above.