

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **1015**
80

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give town) Springfield,	c. LENGTH OF STAY (in this place) 2 days	c. CITY OR TOWN Springfield,	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospi		e. STREET ADDRESS (If rural, give location) 1218 W. Scott	
3. NAME OF DECEASED (Type or Print) a. (First) Myrtle b. (Middle) _____ c. (Last) York		4. DATE OF DEATH (Month) (Day) (Year) January 21, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 14, 1886
9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 4 Days 7	IF UNDER 1 HRS. 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 In Home	11. BIRTHPLACE (City and State or Foreign Country) Henderson, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Johnson		13b. MOTHER'S MAIDEN NAME Nancy Burks	14. NAME OF HUSBAND OR WIFE A. Melvin York
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME A. Melvin York, Springfield, Missouri	

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, asphyxia, 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) acute barulias		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Failure		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	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) Springfield (Greene) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **Jan 19**, 19**54**, to **Jan 21, 1954** that I last saw the deceased alive on **Jan 21, 1954**, and that death occurred at **2:10 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Delzell (Degree or title) M.D.	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 1/21/54
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Jan 21, 1954	24c. NAME OF CEMETERY OR CREMATORY Holland
		24d. LOCATION (City, town, or county) (State) Cody, Missouri

DATE REC'D BY LOCAL REG. 1-22-54	REGISTRAR'S SIGNATURE W. Delzell	25. FUNERAL DIRECTOR'S SIGNATURE Gorman-Scharpf	ADDRESS Funeral Home, Inc. Springfield, Missouri
--	--	---	--

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

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 *L. David Gorman*.....

Licensed Embalmer No. *317*

P. O. Address *Springfield*

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.