No. 300
10.48

FILED AUG 6 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22609

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4180 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Campbell
c. LENGTH OF STAY (In this place): 18
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Campbell
d. STREET ADDRESS (If rural, give location): 0350

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Archibald
c. (Last): York

4. DATE OF DEATH (Month) (Day) (Year): 7-15 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-26-1868
9. AGE (In years last birthday): 85 — 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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John York
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Mollie York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-18-7205
17. INFORMANT'S SIGNATURE OR NAME: Mollie York — **ADDRESS**: Campbell, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — years
DUE TO (c) General Arteriosclerotic Cardio-Vascular disease — years

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: 4201
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/10, 1954, *to* 7/15, 1954, *that I last saw the deceased alive on* 7/15, 1954, *and that death occurred at* 7:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wallace A Belsey MD
23b. ADDRESS: Campbell Mo
23c. DATE SIGNED: 7/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-19-54
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): Campbell, Mo

DATE REC'D BY LOCAL REG.: 7/30/1954
REGISTRAR'S SIGNATURE: Mrs Beulah Campbell
25. FUNERAL DIRECTOR'S SIGNATURE: Lloyd Russell
ADDRESS: Piggott Ark.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEAL

DEPARTMENT 8-5-54

COUNTY FILE NUMBER 854-

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 Julie Rex Tate Student Embalmer No. 519

working under my personal supervision

Student Julie Rex Tate
Student Embalmer

Signed Leroy J. Tyler

Licensed Embalmer No. 1001 Ar

P. O. Address Piggott Ar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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