

NO. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 23 1955

State File No. 14755

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 491

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Washington	c. LENGTH OF STAY (in this place) 16 yrs.	c. CITY OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION $\frac{1}{2}$ mi. East of St. Joseph RR #7		f. STREET ADDRESS (If rural, give location) 1303 South 41st St. RR #7 $\frac{1}{2}$ mi. East of city limits	

3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) York c. (Last) York			4. DATE OF DEATH (Month) (Day) (Year) May 12, 1955		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 5, 1874		9. AGE (in years) (Months) (Days) (Hours) (Min.) 82 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) England		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME (unknown) Lockley		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Walter York	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. H. B. Bruckschen 1303 S. 41st St. St. Joseph, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as suffocation, asphyxia, strangulation, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medicinal Neoplasm		INTERVAL BETWEEN ONSET AND DEATH Sept 1944	
		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. Resection of sigmoid colon for carcinoma Sept 1945			

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)	
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 Jan 4, 1941, to May 12, 1955, that I last saw the deceased alive on May 12, 1955, and that death occurred at 12:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. B. Larson M.D.		23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 5-13-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/14/1955		24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. May 18, 1955		REGISTRAR'S SIGNATURE Esther M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. H. Bowman Funeral Home, St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

5710

Dr. J. Eastman, M.D.

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 *B.S. William Spalding*

Licensed Embalmer No. *453*

P. O. Address *345 11th St*

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.