

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39068

STATE FILE NUMBER

FILED NOV 26 1956

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cullen Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Crocker, Mo R. 0850</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None.</b>		Length of stay in lb --	d. STREET ADDRESS (If outside, give location) <b>Rural Rt. # 3</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Claude</b> Middle <b>Monroe</b> Last <b>York</b>			4. DATE OF DEATH Month <b>November</b> Day <b>11</b> Year <b>1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 27, 1894</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Truck Driver.</b>		11. BIRTHPLACE (City and state or country) <b>Pulaski Co, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13. FATHER'S NAME <b>Andrew Jackson York</b>		
14. MOTHER'S MAIDEN NAME <b>Levina Judson.</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes. World War I</b>		
16. SOCIAL SECURITY NO. <b>Unknown.</b>			17. INFORMANT Address <b>Kenneth Willard York Swedeborg, Mo</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crushed Chest - Internal Injuries</b>					INTERVAL BETWEEN ONSET AND DEATH <b>10 MIN</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>26</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Victim was driving auto which collided w/ another</b>			
20c. TIME OF INJURY Hour <b>5:00</b> Month, Day, Year a. m. <b>Nov 11 56</b> p. m.		<b>085</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>HWY 66</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Hooker Pulaski MO</b>	
21. I attended the deceased <b>Nov 11, 1956</b> and last saw her <b>him</b> alive on _____ Death occurred at <b>5:00 Pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>B. Hedges</b> County Coroner. <b>3</b>			22b. ADDRESS <b>Richland, Missouri</b>		22c. DATE SIGNED <b>11/13/56</b>
23a. BY BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>11/15/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crocker Memorial</b>		23d. LOCATION (City, town, or county) (State) <b>Crocker, Missouri</b>
24. FUNERAL DIRECTOR <b>Hedges</b> <b>Richland, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>11-14-56</b>		26. REGISTRAR'S SIGNATURE <b>Paula Mae Anderson</b>	

(Licensed Embalmer's Statement on Reverse Side)

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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RECEIVED 11-17-56  
Missouri County Health Office  
File Number 159  
Date Filed 11-14-56

NOV 23 1956

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 *Clarence Thross*

Licensed Embalmer No. 42

P. O. Address *Waynesville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.