FILED AUG 14 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23505
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Butler — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 110 S Deleware St — Length of stay in Ib: 6 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Bates
c. CITY OR TOWN: Butler — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 110 S Deleware — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ida Middle: May Last: York

4. DATE OF DEATH: Month: Aug Day: 5 Year: 1957

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Sept 5 1885

9. AGE (In years at last birthday): 71 — 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): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St Clair County Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John Zeiler

13b. MOTHER'S MAIDEN NAME: Sallie Hooper

14. NAME OF HUSBAND OR WIFE: A M 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.: nonw

17. INFORMANT: Art M York Address: Butler Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma Bladder — INTERVAL BETWEEN ONSET AND DEATH: 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): with Pelvic metastasis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 181X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 1955 to August 5, 1957 and last saw her alive on Aug 5, 1957
Death occurred at 12:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Carter N. Luten (Degree or title) MD

22b. ADDRESS: Butler Missouri

22c. DATE SIGNED: 8/5/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8/7/57

23c. NAME OF CEMETERY OR CREMATORY: Oakhill Cemetery

23d. LOCATION (City, town, or county) (State): Butler Mo.

24. FUNERAL DIRECTOR: Culver Underwood-Butler Mo ADDRESS

25. DATE RECD. BY LOCAL REG.: Aug. 5. 1957

26. REGISTRAR'S SIGNATURE: Randall Kinney

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 John G. Anderson M.D.

Licensed Embalmer No. 3585

P. O. Address Butler 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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