

FILED MAR 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008745

STATE FILE NUMBER

3004

Registrar's No. 28

Registration District No. 15 Primary Registration District No. Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <b>Barton</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lamar</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Lamar</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Potts Nursing Home</b>		Length of stay in 1b <b>5 weeks</b>	d. STREET ADDRESS (If outside, give location) <b>1305 Cherry St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ELIZABETH</b> Middle <b>YORK</b> Last <b>YORK</b>			4. DATE OF DEATH Month <b>March</b> Day <b>13</b> Year <b>1958</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</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>Jan. 21, 1875</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Ozark County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>William H. Lang</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>H. J. York</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mr. H. J. York, Lamar, Missouri</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>Arterio-Sclerotic heart disease</b> DUE TO (b) <b>cardiac decompensation</b> DUE TO (c) <b>Arterial Hypertension</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <b>Dec 12, 1957</b> <b>years</b>
20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 Death occurred at <b>May 1, 1955</b> to <b>March 13, 1958</b> and last saw her alive on <b>March 6, 1958</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>John T. O'Beckel, MD</b>		(Degree or title)		22b. ADDRESS <b>Lamar, Mo</b>	22c. DATE SIGNED <b>3/14/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>March 15, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lake Cemetery</b>	23d. LOCATION (City, town, or county) <b>Lamar, Missouri</b>		(State)
24. FUNERAL DIRECTOR ADDRESS <b>Chiles Funeral Home, Lamar, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>MAR 14 1958</b>	26. REGISTRAR'S SIGNATURE <b>Maria Konantz</b>		

(Licensed Embalmer's Statement on Reverse Side)

path,  
elfare  
blic  
vice00  
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 *Charles E. Chiles* .....

Licensed Embalmer No. *3473* .....  
P. O. Address *James M.P.* .....

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.