.S. No. 300
EV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029743
State File No.

FILED AUG 19 1958

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5814 Registrar's No. 22

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

0710 3

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buffalo
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 18 M. J. Stover, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 31880
d. STREET ADDRESS (If rural, give location): 1410 Bales

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

4. DATE OF DEATH (Month) (Day) (Year): Aug. 10, 1958

5. SEX: Male 0
6. COLOR OR RACE: Cau.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 9, 1918
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months 6, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bates County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: William Thomas York
13b. MOTHER'S MAIDEN NAME: Frances M. Worden
14. NAME OF HUSBAND OR WIFE: Sofia York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ~~Unknown~~ No
16. SOCIAL SECURITY NO.: 486-91-1022 ~~Unknown~~
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Sofia York, 1410 Bales, Kansas City, Mo.

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): Asphixation — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Accidental Drowning — immediate
DUE TO (c):

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:
20. AUTOPSY? YES ☐ NO ☒ 2

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lake of Ozarks
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Buffalo twn. Morgan County Mo. 071 850X 42
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 10-58 6:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Motor boat hit floating log & turned over

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 6:30 p.m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jane N. Bartram 3 Coroner
23b. ADDRESS: Versailles, Mo
23c. DATE SIGNED: 11 Aug 58

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11 Aug. 58
24c. NAME OF CEMETERY OR CREMATORY: Oak Ridge Memory Gardens
24d. LOCATION (City, town, or county) (State): Independence, Mo.

DATE REC'D BY LOCAL REG.: Aug. 11, 1958
REGISTRAR'S SIGNATURE: Wm L Ripperger
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. J. Kidwell Versailles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

212 0

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.

Signed Raymond C. Forker

Signed _____
Student Embalmer

Licensed Embalmer No. 4626

P. O. Address Versailles, 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 this body is not embalmed, fact should be so stated above.