

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036936

STATE FILE NUMBER

Filed OCT 16 1958 Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Holden</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Holden, Missouri</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>Holden Hospital</b>			Length of stay in 1b <b>6 days</b>		d. STREET ADDRESS (If outside, give location) <b>Quick City, Missouri</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>ISAAC J. YORK</b>				4. DATE OF DEATH Oct. 8, 1958				
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct 26 1875</b>		9. AGE (In years (yrs), give war or dates of service) <b>83</b>	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) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>own farm</b>		11. BIRTHPLACE (City and state or country) <b>Creighton, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>John Henry York</b>				14. MOTHER'S MAIDEN NAME <b>Mary E. Brown</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>XXXX</b>		17. INFORMANT <b>Delbert York, Holden, 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>Hypostatic Pneumonia</b>							INTERVAL BETWEEN ONSET AND DEATH <b>48 Hrs.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Congestive Heart Failure</b>		DUE TO (c) <b>Auto Accident</b>		6 days		7 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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>Auto Accident</b>							
20c. TIME OF INJURY <b>7:11 AM</b>	Hour <b>10-2-58</b>	Month, Day, Year	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.)		20f. CITY, TOWN, OR LOCATION <b>333</b>	COUNTY	STATE
21. I attended the deceased from <b>10-2-58</b> to <b>10-8-58</b> and last saw him alive on <b>10-8-58</b> . Death occurred at <b>5:45</b> P. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Abraha L. Conroy</i>				22b. ADDRESS <b>Holden Hosp. Holden, Missouri</b>		22c. DATE SIGNED <b>10/13/58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
<b>burial</b>		<b>Oct 11, 1958</b>	<b>Holden Cemetery</b>		<b>Holden, Missouri.</b>			
24. FUNERAL DIRECTOR <b>Canaday and Ropp, Holden, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>10-11-58</b>		26. REGISTRAR'S SIGNATURE <i>Mrs. G. V. Redford</i>			

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

150

NOV 21 1958

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 *W. J. ...* .....  
Licensed Embalmer No. *343*  
P. O. Address *Held...*

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.