

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031665

FILED VS OCT 13 1959 47

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 5164 Registrar's No. 257

DED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Callaway		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Fulton Twp		Length of stay in lb 3 yrs		c. CITY OR TOWN Fulton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS R.F.D.# 5		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First William		Middle Eugene		Last York		Month Day Year Oct 6 1959	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/11/1946	9. AGE (last birthday) 13	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student Jr. High School		10b. KIND OF BUSINESS OR INDUSTRY Student		11. BIRTHPLACE (City and state or country) Mexico, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William H. York			13b. MOTHER'S MAIDEN NAME Margaret Mollett			14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address William H. York R#5 Fulton, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Strangulation							
DUE TO (b) Hanging							
DUE TO (c) Based on Autopsy findings							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE Open verdict		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) In barn back of house				
20c. TIME OF INJURY Hour Month, Day, Year Approx 5:30 p.m. Oct, 6, 59		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.) In barn back of house		20f. CITY, TOWN, OR LOCATION COUNTY STATE Fulton Twp Callaway Mo	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at Approx 5:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Denzil C. Browning coroner				22b. ADDRESS Fulton, Mo.		22c. DATE SIGNED 10/10/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct, 11, 1959	23c. NAME OF CEMETERY OR CREMATORY Welch Cemetery		23d. LOCATION (City, town, or county) (State) Welch Okla.		
24. FUNERAL DIRECTOR ADDRESS Wallace Funeral Home Fulton, Mo				25. DATE RECD. BY LOCAL REG. Oct-10-1959		26. REGISTRAR'S SIGNATURE Maretta Lawrence	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Daniel C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, N

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