

FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21461**
Registrar's No. **57**

Registration District No. **164**

Primary Registration District No. **5600**

1. PLACE OF DEATH:

(a) County **Johnson**
(b) City or town **R.F.D. Simpson, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no**
(Specify whether
In this community **50yr**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Concordia, Mo**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **George Dallas Deatherage**

(b) If veteran, name war (c) Social Security No.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Nellie Deatherage**
6. (c) Age of husband or wife if alive **54** years
7. Birth date of deceased **Jan 31 1883**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 **4** **66** **9hr 20min**

9. Birthplace **Lupus, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

MOTHER FATHER
12. Name **Lebnom**
13. Birthplace **N. Carolina**
(City, town, or county) (State or foreign country)
14. Maiden name **Jeansan Hutchison**
15. Birthplace **N. Carolina**
(City, town, or county) (State or foreign country)

16. (a) Informant **Nellie Deatherage**
(b) Address **Concordia, Missouri.**

17. (a) **Burial** (b) Date thereof **June 9 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Higginville, Mo.**

18. (a) Signature of funeral director **[Signature]**
(b) Address **Higginville, Mo.**

19. (a) **June 9, 1947** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **6**
year **1947** hour **9:20** minute **P.M.**

21. I hereby certify that I attended the deceased from **6-5** 19 **47** to **6-6** 19 **47**
that I last saw him alive on **6-6** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**
Due to **arteriosclerosis**
Duration **1 day**

Due to **myocardial infarction**
Other conditions **Breakdown**
(Include pregnancy within 3 months of death)

Major findings: **[Signature]**
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (b) Means of injury **2**
Signature **[Signature]** (M. D. or other) **100**
Address **Concordia** Date signed **6-7-47**

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

1010-1

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

David A. Rickhoff

Licensed Embalmer No. *4284*

P. O. Address

HIGGINSVILLE, 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.