

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville	
c. LENGTH OF STAY (In this place) 28 years		d. STREET ADDRESS (If rural, give location) 315 West South St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 315 West South St.			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Jefferson c. (Last) Cearlock			4. DATE OF DEATH (Month) (Day) (Year) January 7, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH July 22, 1868		9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	
11. BIRTHPLACE (State or foreign country) Fayette County, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10b. KIND OF BUSINESS OR INDUSTRY Farming	

13a. FATHER'S NAME Elias Cearlock		13b. MOTHER'S MAIDEN NAME Martha Harris		14. NAME OF HUSBAND OR WIFE Mettie Pope	
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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'S SIGNATURE OR NAME Toney Cearlock, 315 W. South, Perryville, Mo.	
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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		INTERVAL BETWEEN ONSET AND DEATH 2 Wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Phryngo-Bronchitis		
	ANTECEDENT CAUSES DUE TO (b) Senility DUE TO (c) Hypertension		
	11. OTHER SIGNIFICANT CONDITIONS Found dead in bed in early morning probably myocardial		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 27, 1948, to Jan 6, 1949, that I last saw the deceased alive on Jan 3, 1949, and that death occurred at 5 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Ampt Bailey M.D.</i>	23b. ADDRESS Perryville, Mo.	23c. DATE SIGNED 1/7 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 9, 1949	24c. NAME OF CEMETERY OR CREMATORY Pope Cemetery	24d. LOCATION (City, town, or county) (State) Fayette County, Illinois
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DATE REC'D BY LOCAL REG. Jan 7-1949	REGISTRAR'S SIGNATURE <i>Joe J. Zellmer</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Albert Bey</i>	ADDRESS Perryville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 4

149-134

1-26-49

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 Albert Bey

Signed _____
Student Embalmer

Licensed Embalmer No. 3866

P. O. Address Perryville, 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.