

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26665**

FILED AUG 31 1949

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5463** Registrar's No. **748**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE MO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL 2nd JACKSON	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL 2nd JACKSON	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION STRAFFORD RT. 21		d. STREET ADDRESS (If rural, give location) STRAFFORD RT. # 2	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) P. c. (Last) SEARL	4. DATE OF DEATH (Month) (Day) (Year) AUG. 19 1949							
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 17 FEB. 1864	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.				

13a. FATHER'S NAME WILLIAM SEARL	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE DECEASED
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. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ERNEST SEARL STRAFFORD, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerosis			59.5 X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION NO	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	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) NO	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 **3/5, 1949**, to **7/15, 1949**, that I last saw the deceased alive on **7/15, 1949**, and that death occurred at **7 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. H. Fochth MD.	23b. ADDRESS Strafford Mo	23c. DATE SIGNED 8/21/49
24. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-22-49	24c. NAME OF CEMETERY OR CREMATORY South Haven Cemetery
24d. LOCATION (City, town, or county) (State) South Haven Kansas		

DATE REC'D BY LOCAL REG. 8-22-49	REGISTRAR'S SIGNATURE W. E. Handley MD.	FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co.	ADDRESS Spfld. Mo.
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(Licensed Embalmer's Signature on Reverse Side)

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

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..... *Ogle Stone Jr.*.....

Licensed Embalmer No. *4176*.....

Signed.....
Student Embalmer

P. O. Address *SPRINGFIELD*.....

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.