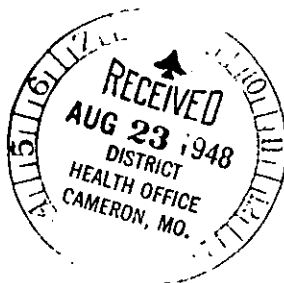


FILED AUG 25 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 434

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4550		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY <u>North</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>North</u>			
b. CITY OR TOWN <u>Sheridan Mo</u>		c. LENGTH OF STAY (in this place) <u>6 months</u>		c. CITY OR TOWN <u>Sheridan & Parnell Mo</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Home of Cora Churchill</u>				d. STREET ADDRESS (If rural, give location) <u>Sheridan & Parnell Mo</u>			
3. NAME OF DECEASED (Type or Print) <u>George</u>		a. (First) <u>Reed</u>		b. (Middle) <u>Rabourn</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 26 - 1949</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Oct 17 - 1862</u>		9. AGE (In years last birthday) <u>86</u>		10. MONTHS <u>9</u>		11. DAYS <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Roseburg Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jessie D Rabourn</u>		13b. MOTHER'S MAIDEN NAME <u>Margarett Black</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Mitchell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Cora Churchill</u>		ADDRESS <u>Parnell Mo</u>	
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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				177X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) m.		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 <u>June 6</u> , 1949, to <u>July 26</u> , 1949, that I last saw the deceased alive on <u>July 25</u> , 1949, and that death occurred at <u>1:30 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>H. G. Oster</u>				23b. ADDRESS <u>Parnell Mo</u>		23c. DATE SIGNED <u>8-12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 29-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Luteston Cemetery West of Sheridan Mo</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>Aug 18 - 49</u>		REGISTRAR'S SIGNATURE <u>John E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Anderson</u>		ADDRESS	



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.....

John Andrews
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed *John Andrews*
Licensed Embalmer No. *4211*

P. O. Address *Grant City, 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.