

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43561

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6270 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Whester</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Whester</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural - Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neangua</u>	
c. LENGTH OF STAY (in this place) <u>10 mo</u>		d. STREET ADDRESS (If rural, give location) <u>R-2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Connellly</u>	b. (Middle) <u>Lavanaugh</u>	c. (Last) <u>George</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Dec 24, 1949</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 5, 1912</u>	9. AGE (In years last birthday) <u>37</u>	10. UNDER 1 YEAR Months <u>19</u>	11. UNDER 1 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Whester Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert George</u>	13b. MOTHER'S MAIDEN NAME <u>Elta Connolly</u>	14. NAME OF HUSBAND OR WIFE <u>Hazel George</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u></u> ADDRESS <u></u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart attack</u>		
	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.		4343	

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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>K. K. Kelley</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Fordland Mo.</u>	23c. DATE SIGNED <u>12-25-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Dec. 27, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Neangua</u>	24d. LOCATION (City, town, or county) (State) <u>Neangua Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/29/50</u>	REGISTRAR'S SIGNATURE <u>J. Francis</u> 392	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur Bruce Marshall</u> ADDRESS <u>Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 3 1950
District Health Office No. 6,
District File Number 150-19
Date Filed 1-3-50

JAN 12 1950

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. 353

working under my personal supervision.

Student Norman L. Thompson
Student Embalmer

Signed Arthur Bruce

Licensed Embalmer No. 4223

P. O. Address Marshall, 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.