

FILED FEB 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2117

BIRTH NO. _____ REG. DIST. NO. 743 PRIMARY REG. DIST. NO. 4436 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Ralls</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>New London, Mo.</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>New London, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>15 Yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Misner</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>January 30, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 21, 1870</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>red coal miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mining coal</u>	11. BIRTHPLACE (State or foreign country) <u>Lane Co., Bloomington, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Aaron Misner</u>	13b. MOTHER'S MAIDEN NAME <u>Sidney Misner</u>	14. NAME OF HUSBAND OR WIFE <u>Mary E. Misner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	(If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary E. Misner</u>	ADDRESS <u>New London Mo</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.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unresolved pneumonia 3 months</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>old age</u> DUE TO (b) <u>old age</u> DUE TO (c) <u>interstitial nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	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) <u>594X</u>
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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
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22. I hereby certify that I attended the deceased from Jan 17, 1950 to Jan 30, 1950, that I last saw the deceased alive on Jan 26, 1950, and that death occurred at 2:10 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. W. A. Moore M.D.</u>	23b. ADDRESS <u>New London, Mo.</u>	23c. DATE SIGNED <u>Feb 2, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-1-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Olive Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Center, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb 3, 50</u>	REGISTRAR'S SIGNATURE <u>H. J. Waters 268</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton W. Perry</u>	ADDRESS <u>Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

70

H

FEB 17 1957
New York
New York

113

RECEIVED FEB 8
District Health Officer
District File Number 2-
Date Filed FEB 8

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.

Student
Student Embalmer

Signed Clyde C. Wilke

Licensed Embalmer No. 3820

P. O. Address Pennington

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.