No. 300
10.46

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

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12155

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 110

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1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (In this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cal lac (Callac) 0610
d. STREET ADDRESS (If rural, give location): -

3. NAME OF DECEASED (Type or Print)
a. (First): Lura
b. (Middle): -
c. (Last): George

4. DATE OF DEATH (Month): 4 (Day): 7 (Year): 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 20 1877
9. AGE (In years last birthday): 73 — If under 1 year: Months 1, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Macon Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Summere
13b. MOTHER'S MAIDEN NAME: Elizabeth Terrell
14. NAME OF HUSBAND OR WIFE: James F. George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: -
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Hospital records, State Hospital No 1

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) Lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile dementia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

490X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-4-50, 19____, *to* 4-7-50, 19____, *that I last saw the deceased alive on* 4-7-50, 19____, *and that death occurred at* 3:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. J. Miller M.D.
23b. ADDRESS: State Hospital, Fulton, Mo
23c. DATE SIGNED: 4-7-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr-9-1950
24c. NAME OF CEMETERY OR CREMATORY: Locust Grove
24d. LOCATION (City, town, or county) (State): Callia Mo

DATE REC'D BY LOCAL REG.: Apr-7-1950
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Wallace Funeral Home, Fulton Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 10 1950
District Health Officer No. 9,
District File Number.....

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Denzil E. Browning

Signed.....
Student Embalmer

Licensed Embalmer No. 2724

P. O. Address Fairbury Ind

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.