

FILED NOV 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 35904

BIRTH NO. _____		REG. DIST. NO. <u>336</u>		PRIMARY REG. DIST. NO. <u>622</u>		Registrar's No. <u>95</u>		
1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eminence, Mo</u>		c. LENGTH OF STAY (in this place) <u>4 Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eminence Missouri</u>		<u>1010</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No</u>				d. STREET ADDRESS (If rural, give location) <u></u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Mae</u> c. (Last) <u>George</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 22 1950</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 6 1862</u>		
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR (Months) <u></u>		IF UNDER 1 YEAR (Days) <u></u>		IF UNDER 1 HRS. (Hours) (Min.) <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Randolph County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>O.F. Sears</u>			13b. MOTHER'S MAIDEN NAME <u>Eliza. Bradsher</u>		14. NAME OF HUSBAND OR WIFE <u>Logan George</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rosey Fansler Eminence, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>left ventricular cardiac failure</u>					<u>2 hours</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) _____					<u>4500</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>general atherosclerosis (arterial)</u>					<u>10 yrs.</u>	
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) (Min.)		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>Oct 22, 1950</u> to <u>Oct 22, 1950</u> , that I last saw the deceased alive on <u>Oct 22, 1950</u> , and that death occurred at <u>11:15 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. J.P. Fernandez, Jr. County Coroner</u>				23b. ADDRESS <u>Eminence</u>		23c. DATE SIGNED <u>Oct 23, 1950</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 24 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tripp Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Winona, Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-4-50</u>		REGISTRAR'S SIGNATURE <u>Mabel Bullis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral Home</u>		ADDRESS <u>Mtn View, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED

NOV 8 1950

DISTRICT HEALTH OFFICE No. 6

File No.

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.

Student
Student Embalmer

Not Embalmed

Signed *Joe B. Dunham*

Licensed Embalmer No. *4325*

P. O. Address *St. Louis 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.