

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35908  
State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>336</u>		PRIMARY REG. DIST. NO. <u>6124</u>		Registrar's No. <u>91</u>		
1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eminence</u>		c. LENGTH OF STAY (In this place) <u>6 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eminence</u>		<u>1010</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED a. (First) <u>George</u> (Type or Print)			b. (Middle) <u>Sidney</u>		c. (Last) <u>Sizemore</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 23-50</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>April 14-1874</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 12 HRS. Days <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Bellview, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>William Sizemore</u>			13b. MOTHER'S MAIDEN NAME <u>Olive Richmond</u>		14. NAME OF HUSBAND OR WIFE <u>Sina Sizemore</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Sina Sizemore</u>				ADDRESS <u>Eminence, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchitis Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Subsidiary 2nd</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>002X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10-20-50</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 23, 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:05p m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Paul Sizemore, MD</u>				23b. ADDRESS <u>Magalia, Mo.</u>		23c. DATE SIGNED <u>10/24/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-19-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Forest</u>		24d. LOCATION (City, town, or county) (State) <u>Birch Tree, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-30-50</u>		REGISTRAR'S SIGNATURE <u>G. D. Rhee, Registrar</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>447</u> <u>Duncan Funeral Home</u>		ADDRESS <u>Mtn View, Mo</u>		

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

RECEIVED

OCT 31 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 .....  
Student Embalmer

Student Embalmer No. ....

Signed *J. P. Dunman* .....

Licensed Embalmer No. *43257* .....

P. O. Address *West View Dr* .....

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.