

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1950

07320

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

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3042 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sale Memorial Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>	
		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>W.</u> c. (Last) <u>Archer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 9 1951</u>
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>Feb 15 - 1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>Express Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Express Agent</u>	9. AGE (In years last birthday) <u>50</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>24</u> IF UNDER 12 HRS. Hours <u>24</u> Mins. <u></u>
11. BIRTHPLACE (State or foreign country) <u>UNKNOWN</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
		14. NAME OF HUSBAND OR WIFE <u>Viola Archer</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>UNKNOWN</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>Viola Archer</u> ADDRESS <u>Newton Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Disease</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. <u>undulant fever</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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>12-29</u> , 1950, to <u>1-9</u> , 1951, that I last saw the deceased alive on <u>1-9</u> , 1951, and that death occurred at <u>10:30 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>F. F. Whithead M.D.</u>		23b. ADDRESS <u>Neosho Mo.</u>	23c. DATE SIGNED <u>1-13-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-11-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Neosho Mo</u>
DATE REC'D BY LOCAL REG. <u>Jan. 13, 1951</u>	REGISTRAR'S SIGNATURE <u>Delvin C. Bonham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK-BIGHAM</u>	ADDRESS <u>Neosho Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton Co. Health Dept.

District File Number 151-26

Date Filed 7/51

FEB 20 1951

FEB 19 1951

FEB 22 1951

IN 24 1951

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 H. Ly - White

Licensed Embalmer No. 4240

P. O. Address Neosho, 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.