

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4286

FILED FEB 19 1951

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4158 Registrar's No. 18

0300

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

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Buffalo</u>	c. LENGTH OF STAY (In this place) <u>35 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Buffalo</u> <u>0300</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>U.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ORA</u> b. (Middle) _____ c. (Last) <u>GEORGE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-28-1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-16-1881</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Andrew Jackson</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Neil</u>	14. NAME OF HUSBAND OR WIFE <u>Earl</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mr Earl George</u>
		ADDRESS <u>Buffalo</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, arteria, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Cerebral hemorrhage</u>		<u>3 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis, Hypertension</u> DUE TO (c) <u>Quinin Salicylates</u>		<u>10 years</u> <u>331X</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Valvular heart disease</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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1950, to 1-29, 1951, that I last saw the deceased alive on 1-28, 1951, and that death occurred at 5 P m., from the causes and on the date, stated above.

23a. SIGNATURE <u>Dr. Plummer M.D.</u>	(Degree or title)	23b. ADDRESS <u>Buffalo Mo</u>	23c. DATE SIGNED <u>2-3-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-31-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Mound</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>2/10/51</u>	REGISTRAR'S SIGNATURE <u>Miss J. B. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Jones</u>	ADDRESS <u>Buffalo Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 13 1951

Dist. File 251-360

Date Filed 2-14-51

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *James B. Jones*

Licensed Embalmer No. 2828

P. O. Address Buffalo

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.