

S. No. 300
V. 10.48

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12239

0396
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BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 343	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Hospital				d. STREET ADDRESS (If rural, give location) 903 South Kimbrough			
3. NAME OF DECEASED (Type or Print) a. (First) Fred			b. (Middle) George		c. (Last) George		
4. DATE OF DEATH (Month) (Day) (Year) April 17 1951		5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec 22, 1876		9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Treas		11. BIRTHPLACE (State or foreign country) Polk Co., Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Sam B George		13b. MOTHER'S MAIDEN NAME Fannie Mashburn		14. NAME OF HUSBAND OR WIFE Edith Morgan George	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Edith George, Springfield, Mo.			
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) <i>Arteriosclerotic Heart Disease</i> ANTECEDENT CAUSES Morbidity 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.					
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) 4200			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 <i>Dec 12, 1950</i> to <i>April 17, 1951</i> , that I last saw the deceased alive on <i>April 17, 1951</i> , and that death occurred at <i>11:00 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>R. Wendell Stewart, M.D.</i>				23b. ADDRESS <i>203 Professional Bldg, Springfield, Mo</i>			
23c. DATE SIGNED <i>18 April 1951</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1		24b. DATE April 19, 1951		24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery	
24d. LOCATION (City, town, or county) (State) Springfield, Missouri		DATE REC'D BY LOCAL REG. 4-18-51		REGISTRAR'S SIGNATURE <i>W E Landry</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Alma Schmeyer, Springfield, Mo.</i>	

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

FEB 24 1956

MAR 5 1956

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

James W. Wain

Licensed Embalmer No. *4650*

P. O. Address *Springfield, 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.