

FILED APR 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13027**
Registrar's No. **8-7**

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 5582		Registrar's No. 8-7	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 67 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		1490	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt 4 (Scotland)				d. STREET ADDRESS (If rural, give location) Rt 4			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Fredrick c. (Last) Endicott			4. DATE OF DEATH (Month) (Day) (Year) April 3 1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 22 1884	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Atlas Powder Co.		11. BIRTHPLACE (State or foreign country) St. Clair, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harvey Endicott		13b. MOTHER'S MAIDEN NAME Jane Chaney		14. NAME OF HUSBAND OR WIFE Hulda Endicott			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hulda Endicott Rt 4 Carthage			
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) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Arteriosclerosis c hypertension rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 yrs
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)		331X	
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 April 3, 1951 , to April 3, 1951 , that I last saw the deceased alive on April 3, 1951 , and that death occurred at 3:20 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James D. Flaherty M.D.				23b. ADDRESS 319 W. Main Easton, Mo.		23c. DATE SIGNED 4-5-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-5-1951	24c. NAME OF CEMETERY OR CREMATORY Forest Park		24d. LOCATION (City, town, or county) (State) Joplin Missouri		
DATE REC'D BY LOCAL REG. 4-13-51		REGISTRAR'S SIGNATURE L.B. Clinton, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Steve Parker Mortuary Joplin, Mo.			

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

RECEIVED 4-12-51
Jasper County Health Office

County File Number 51-4-320

Date Filed 4-12-51

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.