

S. No. 300
V. 10.48

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15284

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY STODDARD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STODDARD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL CASTOR		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL CASTOR 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Near home		d. STREET ADDRESS (If rural, give location) BLOOMFIELD, Mo. Route # 2	

3. NAME OF DECEASED (Type or Print) a. (First) HERBERT b. (Middle) LAWRENCE c. (Last) GEORGE			4. DATE OF DEATH (Month) (Day) (Year) APRIL 28, 1951		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) CHILD 0	
8. DATE OF BIRTH JULY 6, 1942		9. AGE (In years last birthday) 8		IF UNDER 1 YEAR Months 9 Days 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) BLOOMFIELD, MISSOURI 0	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME CYREL GEORGE		13b. MOTHER'S MAIDEN NAME THELMA WILLIAMS		14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) ---		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CYREL GEORGE, Bloomfield, Mo. R. # 2	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation		DUE TO (b) Drowning			3.0240	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) ---			22	
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 (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm pond		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Castor Twp. Stoddard, Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 28, 1951		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? while swimming in pond	

22. I hereby certify that I attended the deceased from ---, 19---, to ---, 19---, that I last saw the deceased alive on ---, 19---, and that death occurred at **3:00 Pm**, from the causes and on the date stated above.

23a. SIGNATURE Ray W. Ramey (Degree or title) Coroner		23b. ADDRESS Dexter, Missouri		23c. DATE SIGNED 4-29-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 30, 51		24c. NAME OF CEMETERY OR CREMATORY NORTH ANTIOCH	
24d. LOCATION (City, town, or county) (State) STODDARD Co. MISSOURI					

DATE REC'D BY LOCAL REG. May 5-1951		REGISTRAR'S SIGNATURE Flores Wehler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHILES UND. CO. Bloomfield, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

1030

RECEIVED

MAY 7 1951

DISTRICT HEALTH OFFICE No. 6

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, & by Lulu

Cooper # 3499

working under my personal supervision.

Student Embalmer No.

Signed

Levan B. Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.