

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29559**

Registral's No. **877**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital no 2		d. STREET ADDRESS (If rural, give location) 420 Farley Terrace	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Francis c. (Last) Season			4. DATE OF DEATH (Month) (Day) (Year) Aug 18 1951		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	
8. DATE OF BIRTH Sept. 23 - 1878		9. AGE (In years last birthday) 72		10. UNDER 1 YEAR Months 10 Days 25 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (common)		10b. KIND OF BUSINESS OR INDUSTRY Standard Oil Company		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Antonie Season		13b. MOTHER'S MAIDEN NAME Marcie's (Unknown)		14. NAME OF HUSBAND OR WIFE Margaret Season	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Ms Margaret Peaton ADDRESS 420 Farley Terrace Kansas City 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) Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intertrochanteric fracture rot femur 8/7-61 DUE TO (c) 490XF			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia Paranoid Type			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 131		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hospital		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph, Buchanan, Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 7 1951 5:30 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? pushed by another patient leaving during room	

22. I hereby certify that I attended the deceased from **Aug 1**, 1951, to **Aug 18**, 1951, that I last saw the deceased alive on **Aug 18**, 1951, and that death occurred at **9:15 pm**, from the causes and on the date stated above.

23a. SIGNATURE Forrest Thomas M.D. (Degree or title) D		23b. ADDRESS St Joseph Mo State Hosp. no 2		23c. DATE SIGNED 8/18-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/19/51		24c. NAME OF CEMETERY OR CREMATORY Independence, Missouri	
24d. LOCATION (City, town, or county) (State) Independence, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Carson ADDRESS Independence, Mo.			
DATE REC'D BY LOCAL REG. Aug 22, 1951		REGISTRAR'S SIGNATURE Carl C. Caslett 446			

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

No. 300
20. 48
2017
2022

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.

Signed..... *Charles E. Schroeder*

Signed.....
Student Embalmer

Licensed Embalmer No. *4741*

P. O. Address *Independence, 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.