

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8171**

FILED MAR 24 1952

REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4223** Registrar's No. **20**

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

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Holt | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt | |
| b. CITY OR TOWN Maitland | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maitland | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) 0440 | |

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|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Frederick c. (Last) DeBord | | | 4. DATE OF DEATH (Month) (Day) (Year) 3-17-1952 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 4-29-1858 | 9. AGE (In years last birthday) 93 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY farming | 11. BIRTHPLACE (State or foreign country) Princeville - Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME Ruban DeBord | | 13b. MOTHER'S MAIDEN NAME Julia Hall | | 14. NAME OF HUSBAND OR WIFE Mrs. Sarah DeBord | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sarah DeBord - Maitland - Mo. | |

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|---|--|---|--|--|---|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis | | | INTERVAL BETWEEN ONSET AND DEATH 18 mos. |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis | | | |
| | | DUE TO (c) | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Scalitis & Prostatitis | | | |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4221 | | 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) | |
| 21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) | | 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 **3/3 1950**, to **3/17 1952**, that I last saw the deceased alive on **3/17 1952**, and that death occurred at **5:15 P.M.**, from the causes and on the date stated above.

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|---|--|----------------------------------|--|--|--|
| 23a. SIGNATURE (Degree or title) M. C. New D.O. | | 23b. ADDRESS Maitland, Mo | | 23c. DATE SIGNED 3/18/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 3-19-1952 | | 24c. NAME OF CEMETERY OR CREMATORY K of P. Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) Maitland - Missouri | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. 3/21/1952 | | REGISTRAR'S SIGNATURE James H. Crawford | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Atcherson Princeville Mo. | |
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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 _____

G M Atkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 2279

P. O. Address _____

Marionville 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.