No. 300
10-48

FILED SEP 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32491

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 282

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

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedlia
c. LENGTH OF STAY (in this place) 15 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wheatland 0430
d. STREET ADDRESS (If rural, give location) Rural - 2 Miles North

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) Franklin
c. (Last) Roe

4. DATE OF DEATH (Month) (Day) (Year) Sept 7 - 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Sept 26 - 1943
9. AGE (In years last birthday) 8 — IF UNDER 1 YEAR Months 11 Days 11 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Wheatland
12. CITIZEN OF WHAT COUNTRY? MO

13a. FATHER'S NAME George Roe
13b. MOTHER'S MAIDEN NAME Alice Lurton
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME George Roe - Smithton, MO ADDRESS

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) Peritonitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured appendix
DUE TO (c) Acute appendicitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 9/6/52
19b. MAJOR FINDINGS OF OPERATION Ruptured appendix - Generalized Peritonitis
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 5501

22. *I hereby certify that I attended the deceased from* 9/6, 1952, *to* 9/7, 1952, *that I last saw the deceased alive on* 9/7, 1952, *and that death occurred at* 7:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Thomas J. Hopkins (Degree or title) M.D.
23b. ADDRESS 418½ So. Ohio
23c. DATE SIGNED 9/7/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Bur Removal
24b. DATE 9-9-52
24c. NAME OF CEMETERY OR CREMATORY Sumner Cemetery
24d. LOCATION (City, town, or county) (State) Wheatland, MO

DATE REC'D BY LOCAL REG. 9-7-52
REGISTRAR'S SIGNATURE A J Campbell M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Gilbert Kellaway ADDRESS Wheatland, MO

25 - 0

(Licensed Embalmer's Statement on Reverse Side)

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 Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.