

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34579

State File No.

FILED OCT 28 1952

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5350 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lincoln</u>		c. LENGTH OF STAY (in this place) <u>7485</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Lincoln</u>	
		d. STREET ADDRESS (If rural, give location) <u>0300</u>	

3. NAME OF DECEASED (Type or Print) <u>George</u> a. (First) <u>Nose</u> b. (Middle) <u>1</u> c. (Last) <u>Road</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-16-52</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Aug-22-1883</u>	9. AGE (In years last birthday) <u>69</u>	10. IF UNDER 1 YEAR Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Dallas Co - MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>George Nose Road</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Kee</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Nose Road</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jim Nose Road</u> ADDRESS <u>URBAND, MO</u>
--	-----------------------------------	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Coronary atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic hypertension</u>		
	DUE TO (c) _____		
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 <u>334X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1952 to Oct 15, 1952, that I last saw the deceased alive on June 10, 1952 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>L A Blase MD</u> (Degree or title)	23b. ADDRESS <u>Urbana MO</u>	23c. DATE SIGNED <u>10/14/52</u>
--	-------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-17-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellville</u>	24d. LOCATION (City, town, or county) (State) <u>Kans</u>
--	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Oct 22-52</u>	REGISTRAR'S SIGNATURE <u>Grace Petree</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Vaughan-Rusek</u> ADDRESS <u>URBAND, MO</u>
---	---	---

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

300
1

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 Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, 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.