S. No. 300
v. 10.48

0495

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

FILED NOV 18 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 39115

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 492

**1. PLACE OF DEATH**
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (in this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOHN'S HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: NEWTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SAGINAW 0730
d. STREET ADDRESS (If rural, give location): SAGINAW, MO.

**3. NAME OF DECEASED** (Type or Print)
a. (First): WALTER
b. (Middle):
c. (Last): GEORGE

**4. DATE OF DEATH** (Month) (Day) (Year): NOV. 3, 1952

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: NOV. 9, 1877
**9. AGE** (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): PERSONNEL MANAGER
**10b. KIND OF BUSINESS OR INDUSTRY**: EAGLE-PICHER LEAD CO.
**11. BIRTHPLACE** (City and State or Foreign Country): JOPLIN, MO.
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: NATHAN GEORGE
**13b. MOTHER'S MAIDEN NAME**: SARAH FARMER
**14. NAME OF HUSBAND OR WIFE**: ROSALIND GEORGE
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): UNK — (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: UNK
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: ROSALIND GEORGE, SAGINAW, 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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

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**
4222
**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?**

22. *I hereby certify that I attended the deceased from* 10-1, 1952, *to* 11-3, 1952, *that I last saw the deceased alive on* 11-3, 1952, *and that death occurred at* 6:45 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Ralph Mitchell (Degree or title) M.D.
**23b. ADDRESS**: 607 Florence Blvd. Joplin
**23c. DATE SIGNED**: 11-4-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 11-5-52
**24c. NAME OF CEMETERY OR CREMATORY**: OZARK MEMORIAL
**24d. LOCATION** (City, town, or county) (State): JOPLIN, MISSOURI

**DATE REC'D BY LOCAL REG.**: 11-7-52
**REGISTRAR'S SIGNATURE**: Ed O. James 138 — Myrella Lampkins Sec.
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: STEVE PARKER MORTUARY, JOPLIN, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-17-52
Jasper County Health Office

County File Number 52/11/894

Date Filed 11-17-52

FEB 18 1953

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.