

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

State File No. 1837  
Register No. 3601

FILED JAN 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>3601</u>				
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>JASPER</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		c. LENGTH OF STAY (In this place) <u>10 Mon.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		d. STREET ADDRESS (If rural, give location) <u>1005 REX</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1005 REX</u>				d. STREET ADDRESS <u>1005 REX</u>						
3. NAME OF DECEASED a. (First) <u>MATTHEW</u>			b. (Middle) _____		c. (Last) <u>GEORGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 17 1953</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN 24, 1871</u>		9. AGE (In years last birthday) <u>81</u> If under 1 year: Months _____ Days _____ If under 12 hrs. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM PAPER SOLICITOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>MAGAZINE</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>TYRONE COUNTY, IRELAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>MATTHEW GEORGE</u>			13b. MOTHER'S MAIDEN NAME <u>RACHEL WALKER</u>			14. NAME OF HUSBAND OR WIFE <u>ASA D. GEORGE</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ASA D. GEORGE</u>				ADDRESS <u>JOPLIN</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Ascending Colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastases to</u> DUE TO (c) <u>all abdominal viscera</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153X</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) (Min.)		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 <u>Nov 1952</u> , to <u>Jan 17, 1953</u> , that I last saw the deceased alive on <u>1-17, 1953</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>E. D. Martin</u>				23b. ADDRESS <u>709 Joplin St., Joplin</u>		23c. DATE SIGNED <u>1-17-53</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/20/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN MO</u>				
DATE REC'D BY LOCAL REG. <u>1-19-53</u>		REGISTRAR'S SIGNATURE <u>E. D. Martin</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Z. Hurlbut</u>		ADDRESS <u>Glover Joplin</u>			

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

RECEIVED 1-26-53  
Jasper County Health Office

County File Number 53/1/80

Date Filed 1-26-53

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 Orling M. Dungey

Licensed Embalmer No. 3566

P. O. Address Appling 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.