

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17530**

FILED MAY 18 1953

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5365</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY Davies				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Grundy			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lincoln Twp.		c. LENGTH OF STAY (If this place) minutes		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Trenton, Twp.		0400	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Miles S.E. Gilman City				d. STREET ADDRESS (If rural, give location) Rt. # 6			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE			b. (Middle) WAYNE			c. (Last) PROVANCE	
4. DATE OF DEATH (Month) (Day) (Year) May 5, 1953		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	
8. DATE OF BIRTH June 8, 1877		9. AGE (In years last birthday) 75		if UNDER 1 YEAR 10 Months 27 Days		if UNDER 24 HRS. 0 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Provance			13b. MOTHER'S MAIDEN NAME Kathryn Connells			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Grover Hertzog, Rt. # 6, Trenton ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure 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.				INTERVAL BETWEEN ONSET AND DEATH None	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) 4341			
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 <u>May 5</u> to <u>12:45</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>the death</u> , and that death occurred at <u>12:30 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE W. H. Underwood (Degree or title) DO				23b. ADDRESS Gilman City, Mo		23c. DATE SIGNED May 9, 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 7, 1953		24c. NAME OF CEMETERY OR CREMATORY Maple Grove		24d. LOCATION (City, town, or county) (State) Trenton, Grundy, Mo	
DATE REC'D BY LOCAL REG. 5-12-53		REGISTRAR'S SIGNATURE Virginia M. Engelhart		FUNERAL DIRECTOR'S SIGNATURE Donald H. Slater		ADDRESS Trenton, Mo	

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

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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....
Donald H. Slater

Licensed Embalmer No. 4467

P. O. Address Trenton, 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: