

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **17779**
 FILED **26 1953** REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **68**

1. PLACE OF DEATH a. COUNTY Grundy 0402		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn 05X0	
b. CITY (If outside corporate limits, write RURAL and give township) Prenton		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cullers Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Linn 1	
d. STREET ADDRESS (If rural, give location)		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) LEROY		b. (Middle) —	
c. (Last) GEORGE		4. DATE OF DEATH (Month) (Day) (Year) 5-1-53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-10-1892
9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Retail Drug	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Crawford George	13b. MOTHER'S MAIDEN NAME Hattie Miller	14. NAME OF HUSBAND OR WIFE Adeline	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWII	16. SOCIAL SECURITY NO. W.W.I.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Horat, Linn, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal pneumonia		INTERVAL BETWEEN ONSET AND DEATH 24 Hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhosis of liver		Indefinite
	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 5810		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) (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 May 1, 1953 , to May 1, 1953 , that I last saw the deceased alive on May 1, 1953 , and that death occurred at 8:20 A.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. H. Houllers M.D.	23b. ADDRESS Prenton, Mo.	23c. DATE SIGNED 5-1-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-1-53	24c. NAME OF CEMETERY OR CREMATORY Salt Cemetery	24d. LOCATION (City, town, or county) (State) Linn, Missouri
DATE REC'D BY LOCAL REG. 5-1-53	REGISTRAR'S SIGNATURE Drene J. W. O. Brothers	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Linn, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 4 1953

MAY 26 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 W. R. Light

Licensed Embalmer No. 4655

P. O. Address Galena 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.