

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 28 1953

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5675 Registrar's No. 35

0520

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elsberry, Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elsberry Rural</u>	
c. LENGTH OF STAY (In this place) <u>Hurricane</u>		d. STREET ADDRESS (If rural, give location) <u>0570</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>HIRAM</u> c. (Last) <u>Segress</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>20</u> <u>1953</u>		
5. SEX <u>M</u>		6. COLOR OF RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	
8. DATE OF BIRTH <u>12-4-1865</u>		9. AGE (In years last birthday) <u>87</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>16</u> Hours <u></u> Min. <u></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></u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

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13a. FATHER'S NAME <u>John Robert Segress</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Null</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA Segress</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Segress</u> ADDRESS <u>Elsberry, 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* (a) <u>Arteriosclerotic Cardiovascular disease</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES		DUE TO (b)			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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				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)			
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 8-17, 1953, to 8-20, 1953, that I last saw the deceased alive on 8-20, 1953, and that death occurred at 4:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert M. Hall</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Elsberry, Mo</u>		23c. DATE SIGNED <u>8-21-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8/22/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thornton Hill Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Ethiva Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifton Miller</u>		ADDRESS <u>Elsberry, Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/21/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clarence Lutz</u>			

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 _____

Aug 20 - 1953

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Clifton Miller

Licensed Embalmer No. *3364*

P. O. Address *Elsbury, 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.