

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43788

State File No. ....

FILED DEC 16 1953

BIRTH NO. .... REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 7

1. PLACE OF DEATH  
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
a. STATE Missouri b. COUNTY St. Louis

b. CITY OR TOWN Hayti c. LENGTH OF STAY (in this place)

c. CITY OR TOWN St. Louis 0780 d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Graceland County Memorial

e. STREET ADDRESS (If rural, give location) Rt #2 Box 305 Postageville Mo.

3. NAME OF DECEASED  
a. (First) George Franklin b. (Middle) Joiner c. (Last) Joiner

4. DATE OF DEATH (Month) Oct (Day) 30 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH June 1, 1897

9. AGE (in years last birthday) 56

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) Farming

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and State or Foreign Country) Princeton, Ind.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME James Neal ADDRESS Rt 2 Postageville 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Red-tipped Gastric ulcer posterior.  
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  
3 wks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)  
5401

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

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 Oct-28, 1953, to Oct-30, 1953, that I last saw the deceased alive on Oct-30, 1953 and that death occurred at 1:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Shively M.D.

23b. ADDRESS Hayti Mo

23c. DATE SIGNED 11-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-31-53

24c. NAME OF CEMETERY OR CREMATORY East Woodlawn

24d. LOCATION (City, town, or county) (State) Hayti Mo

DATE REC'D BY LOCAL REG. 12-3-53

REGISTRAR'S SIGNATURE John W. German

25. FUNERAL DIRECTOR'S SIGNATURE John H. German ADDRESS Hayti Mo

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

0181  
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12-387-53

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.