No. 300
10-48

FILED JAN 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1615

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 13

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (in this place): 4 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence rural
d. STREET ADDRESS (If rural, give location): RR 4

7000

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): R.
c. (Last): George

4. DATE OF DEATH (Month) (Day) (Year): Jan. 12, 1954

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 28, 1893
9. AGE (In years last birthday): 60 — 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): Tester
10b. KIND OF BUSINESS OR INDUSTRY: Gleaner Harvester Co.
11. BIRTHPLACE (City and State or Foreign Country): Jamestown, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Powell H. George
13b. MOTHER'S MAIDEN NAME: Janice Ann Deathridge
14. NAME OF HUSBAND OR WIFE: Anna Lee George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 496 09 8634
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Anna Lee George, Independence, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) 1. Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 34 mo
2. Had an Earlier Coronary thrombosis in April 1953
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 3. Had Cerebral thrombosis c hemiplegia - Oct. 14, 1953
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Had Coronary Sclerosis 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 332 X
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* April 5, 1953, *to* Jan 12, 1954 *that I last saw the deceased alive on* 1-12-, 1954 *and that death occurred at* 3:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C H Allen M.D.
23b. ADDRESS: Independence, Mo.
23c. DATE SIGNED: 1-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/15/54
24c. NAME OF CEMETERY OR CREMATORY: Lees Summit Cem.
24d. LOCATION (City, town, or county) (State): Lees Summit, Mo.

DATE REC'D BY LOCAL REG.: 1-14-54
REGISTRAR'S SIGNATURE: [signature] 354
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Leo C. Carson, Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Lavega C. Brown

Licensed Embalmer No. 4794

P. O. Address Independence

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.