

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1875

State File No.

FILED FEB 11 1954

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 13

542
1

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lexington</u>		c. LENGTH OF STAY (In this place) <u>6 years</u>	c. CITY OR TOWN <u>Lexington</u> d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>329 Wentworth Avenue</u>		e. STREET ADDRESS (If rural, give location) <u>329 Wentworth Avenue</u> <u>0543</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>Washington</u> c. (Last) <u>Due</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29, 1954</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 14, 1874</u>	
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal miner</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Covington, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Cora Holloway</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Due, Richmond, Mo.</u>	
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c). <u>Acute Myocardial Degeneration with Dissection</u> <u>Chronic Glomerular Nephritis with Hypertension</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>27 hr</u> <u>6 months</u> <u>1 yr</u>	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Myocardial Degeneration with Dissection</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerular Nephritis with Hypertension</u> DUE TO (c) <u>Hypertension</u>	
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 _____	
19a. DATE 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 <u>January 17, 1954</u> , to <u>January 29, 1954</u> , that I last saw the deceased alive on <u>January 29, 1954</u> , and that death occurred at <u>2:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. L. Beltram M.D.</u>		23b. ADDRESS <u>St. James City, Richmond, Mo.</u>	
23c. DATE SIGNED <u>2-2-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-31-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>		DATE REC'D BY LOCAL REG. <u>2-8-54</u>	
REGISTRAR'S SIGNATURE <u>Wm. S. Calverton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Carter</u>	
ADDRESS _____		ADDRESS <u>Richmond, Mo.</u>	

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..... *Thomas J. Carter*

Licensed Embalmer No. *44*

P. O. Address *Richmond*

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.