

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16436
State File No. 4249
Registrar's No. 5919

0500
H

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

BIRTH NO.		REG. DIST. NO. 159		PRIMARY REG. DIST. NO. 159		Registrar's No. 5919	
1. PLACE OF DEATH a. COUNTY Jefferson 4249 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsboro c. LENGTH OF STAY (In this place) 5 days d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing home				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Washington c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Potosi 1100 d. STREET ADDRESS (If rural, give location) No address in town			
3. NAME OF DECEASED (Type or Print) George a. (First)		b. (Middle) Liapes		c. (Last)		4. DATE OF DEATH 5 4 1954 (Month) (Day) (Year)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 5-8-1894 9. AGE (In years last birthday) 59 10. MONTH 11 11. DAY 26 12. HOURS 0 13. MINS. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and State or Foreign Country) Greece		12. CITIZEN OF WHAT COUNTRY USA Greece	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Gertrude Liapes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Gibson, Potosi, 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) Amyotrophic lateral sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting 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 2 1/2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3561				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) (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 3, 1954, to May 4, 1954, that I last saw the deceased alive on May 3, 1954, and that death occurred at 11:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.				23b. ADDRESS Desoto, Mo.		23c. DATE SIGNED 5-6-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-7-1954		24c. NAME OF CEMETERY OR CREMATORY New Masonic Cemetery		24d. LOCATION (City, town, or county) (State) Potosi, Mo	
DATE REC'D BY LOCAL REG. 5-6-54		REGISTRAR'S SIGNATURE Kathleen Marsden 141-15		25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS Potosi, Mo	

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 3 1954

AUG 23 1954

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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi - 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.

Kathleen Marsden - Registrar
Hillsboro, Mo