

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

26964

State File No.

FILED AUG 24 1954

No. 300
10.48

430

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

BIRTH NO. _____		REG. DIST. NO. <u>138</u>		PRIMARY REG. DIST. NO. <u>4219</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>Hickory</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>WEAUBLEAU</u>		c. LENGTH OF STAY (in this place) <u>7 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WEAUBLEAU</u>		d. STREET ADDRESS (If rural, give location) <u>S. WEAUBLEAU</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N. WEAUBLEAU</u>				d. STREET ADDRESS (If rural, give location) <u>S. WEAUBLEAU</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>			b. (Middle) <u>Washington</u>			c. (Last) <u>Southard</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 16-1954</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>Mar. 23-1882</u>		9. AGE (In years less birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor, Knives Repair</u>		11. BIRTHPLACE (State or foreign country) <u>Fairfield, Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor, Knives Repair</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Standard Steel-K.G.M.</u>		11. BIRTHPLACE (State or foreign country) <u>Fairfield, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Richard A. Southard</u>		13b. MOTHER'S MAIDEN NAME <u>Nattie Cooper</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Owens</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-12-3926</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Don Southard - Weaubleau, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Myocardial Insufficiency</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1222</u>				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>1945</u> , 19 <u>45</u> , to <u>August 16 1954</u> , that I last saw the deceased alive on <u>August 16 1954</u> , and that death occurred at <u>6:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. R. Easton</u>				23b. ADDRESS <u>1207 Weaubleau</u>		23c. DATE SIGNED <u>Aug. 18 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 18-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Weaubleau, Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-18-1954</u>		REGISTRAR'S SIGNATURE <u>May Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Hathaway</u>		ADDRESS <u>Weaubleau, 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
Student Embalmer

Signed *Chad Gilbert Hathaway*

Licensed Embalmer No. *4267*

P. O. Address *W. Huntington, 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.