

FILED DEC 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40079

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY OR TOWN <u>RICH HILL</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>RICH HILL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>27 YRS</u>		e. STREET ADDRESS (If rural, give location) <u>12TH + CHESTNUT ST. 0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12TH + CHESTNUT ST.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>CHANDLER</u> c. (Last) <u>BLACK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC-16-1954</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB-9-1879</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Days <u>10</u> Hours <u>8</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COMMON LABOR</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>RICH HILL, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>WILLIAM BLACK</u>	13b. MOTHER'S MAIDEN NAME <u>BARBARA-UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>ETHEL BLACK</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>George Black Jr. Rich Hill Mo</u> ADDRESS _____

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute glomerulonephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>  <u>5 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic Carcinoma</u>		
	DUE TO (c) _____		
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 _____	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) <u>177 X</u>
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 Oct., 1952, to Dec. 16, 1954, that I last saw the deceased alive on Dec 15, 1954, and that death occurred at 4:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas F. Boyd Sr.</u> (Degree or title)	23b. ADDRESS <u>Rich Hill, Mo.</u>	23c. DATE SIGNED <u>12-17-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-18-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROBINSON CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>RICH HILL MISSOURI</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Edna Douglas</u> ADDRESS <u>Rich Hill, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-18-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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

---

---

**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 *John H. Underwood*.....  
Licensed Embalmer No. *358*

P. O. Address *Butler*.....

**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.