

FILED JAN 5 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40939**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 5288

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>3 days</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Northeast Restorium, K.C.</b>		STREET ADDRESS (If rural, give location) <b>5843 E. 16th</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MR. JAMES</b> b. (Middle) <b>WITCHER</b> c. (Last) <b>GEORGE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 17, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 9, 1882</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Or a kind of work done during most of working life, even if retired) <b>Refrigeration Eng.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Cudahy Pack Co</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Longwood, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William George</b>	13b. MOTHER'S MAIDEN NAME <b>Linnie Morgan</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs Lizzie George</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>492-14-2444</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Carl George</b> ADDRESS <b>Indep, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia (terminal)</b>		<b>3 or 4 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral arteriosclerosis and Chronic Bronchitis</b> DUE TO (c)		<b>Years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>		<b>Years</b>	<b>334X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from five years, 19    , to     , 19    , that I last saw the deceased alive on 12-17-54, 19    , and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>R. S. Long</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>4800 East 24th Street,</b>	23c. DATE SIGNED <b>12-17-54</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 20, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>	24d. LOCATION (City, town, or county) (State) <b>Raytown Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-18-54</b>	REGISTRAR'S SIGNATURE <b>neva minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Otto Mitchell</b> ADDRESS <b>Indep, Mo.</b>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

