

0400

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8012

State File No.

FILED MAR 7 1955

BIRTH NO. _____		REG. DIST. NO. <u>140</u>	PRIMARY REG. DIST. NO. <u>5549</u>	Registrar's No. <u>12</u>
1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Richmond Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Richmond Twp.</u>		
c. LENGTH OF STAY (in this place) <u>25 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. #1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. R. #1</u>		3. NAME OF DECEASED (Type or Print) a. (First) <u>Orville</u> b. (Middle) <u>Berkley</u> c. (Last) <u>George</u>		
4. DATE OF DEATH <u>Feb. 23, 1955</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>Dec. 11, 1873</u>		9. AGE (In years last birthday) <u>81</u> If UNDER 1 YEAR: Months <u>2</u> Days <u>12</u> If UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>DeMarcus George</u> 13b. MOTHER'S MAIDEN NAME <u>Henrietta Cunningham</u> 14. NAME OF HUSBAND OR WIFE <u>Stella Newman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs O. B. George</u> ADDRESS <u>Fayette, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u> ANTECEDENT CAUSES <u>General metastasis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</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 <u>None</u> 19c. _____		
19d. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. 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 checked="" type="checkbox"/> 21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>May</u> , 1950, to <u>Feb 23</u> , 1955, that I last saw the deceased alive on <u>Feb 2</u> , 1955, and that death occurred at <u>12:59</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Mrs. O. B. George</u> (Degree or title) _____		23b. ADDRESS <u>Fayette, Mo</u>		23c. DATE SIGNED <u>2-24-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/25/55</u> 24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>
DATE REC'D BY LOCAL REG. <u>2-24-55</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwin A. Carr</u> ADDRESS <u>Fayette, 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~~

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Ralph A. Carr

Licensed Embalmer No. *3340*

P. O. Address *Fayette 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.