

FILED MAY 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 81

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY OR TOWN Carthage		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) 50 yrs		f. STREET ADDRESS (If rural, give location) E. 6th St			
d. FULL NAME OF HOSPITAL OR INSTITUTION Spain Nursing Home 316 S. Fulton St					

3. NAME OF DECEASED (Type or Print) GEORGE		b. (Middle)		c. (Last) EMMERSON		4. DATE OF DEATH (Month) (Day) (Year) May 13, 1955	
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5. SEX male <u>2</u>		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced <u>3</u>		8. DATE OF BIRTH March 17, 1864		9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired chef		10b. KIND OF BUSINESS OR INDUSTRY cafe cook		11. BIRTHPLACE (City and State or Foreign Country) Neosho, Missouri <u>0</u>		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Robert Emmerson		13b. MOTHER'S MAIDEN NAME Liza ?		14. NAME OF HUSBAND OR WIFE ---	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE AND ADDRESS Grace Irving, 606 Orchard, Carthage, Mo	
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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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis				1 wks.	
DUE TO (b)		DUE TO (c)				unknown	
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"/>	
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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 1-7, 1955, to 5-9, 1955, that I last saw the deceased alive on 5-9, 1955, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE Sharon Patteran MD		23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 5-13-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5-16-1955		24c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo	
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DATE REC'D BY LOCAL REG. 5-14-55		REGISTRAR'S SIGNATURE W. J. Clinton <u>139</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Knell Mortuary, Carthage, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number
Date Filed
MAY 27 1955

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..... *Robert H. Knell*

Licensed Embalmer No. 4459

P. O. Address Carthage,

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.