

FILED AUG 3 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22140**
3000

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1022</u>		Registrar's No. _____									
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 37 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				e. STREET ADDRESS (If rural, give location) 3831 Cleveland											
3. NAME OF DECEASED (Type or Print) a. (First) Walter			b. (Middle) S.		c. (Last) George		4. DATE OF DEATH (Month) (Day) (Year) 7 12 1955								
5. SEX Male <input type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <input checked="" type="checkbox"/>		8. DATE OF BIRTH 9-24-1881		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Days		IF UNDER 24 Hrs. Hours		IF UNDER 5 Mins. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Missouri <input type="checkbox"/>				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Nelson M. George				13b. MOTHER'S MAIDEN NAME Clara B. Marshall				14. NAME OF HUSBAND OR WIFE Sue H. George							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None				17. INFORMANT'S SIGNATURE OR NAME Mrs. R. L. Cunningham				ADDRESS K. C. Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH			
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia										331X			
		ANTECEDENT CAUSES													
		<p>Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Old right cerebrovascular accident</p> <p>DUE TO (c)</p>													
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)									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>July 5</u> , 19 <u>55</u> , to <u>July 12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 12</u> , 19 <u>55</u> , and that death occurred at <u>3:40A</u> m., from the causes and on the date stated above.															
23a. SIGNATURE B. I. Burns, M.D. (Degree or title)						23b. ADDRESS 24th & Cherry				23c. DATE SIGNED 7-12-55					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-14-55		24c. NAME OF CEMETERY OR CREMATORY Forest Hill				24d. LOCATION (City, town, or county) (State) Kansas City, Mo.							
DATE REC'D BY LOCAL REG. 7-14-55		REGISTRAR'S SIGNATURE Neva Minshall				25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary				ADDRESS K. C. Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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 *Clayton K. Barnes*

Licensed Embalmer No. *479*

P. O. Address *K. E. T.*

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.