

No. 300
00.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25745

FILED AUG 24 1955

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WASHINGTON</u>	
b. CITY OR TOWN <u>SULLIVAN</u>	c. LENGTH OF STAY (in this place) <u>10 WKS</u>	c. CITY OR TOWN <u>SULLIVAN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHSIDE Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>R.R. #5</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM THOMAS</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>GEORGE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 13 1955</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>SEPT. 7, 1904</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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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>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WASHINGTON COUNTY, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WILLIAM SAMUEL GEORGE</u>	13b. MOTHER'S MAIDEN NAME <u>MARY KATHERINE NATLOCK</u>	14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>ED GEORGE SULLIVAN</u>	ADDRESS <u>MO</u>
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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 <u>2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>H200 F</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of neck of right femur.</u>		19. DATE OF OPERATION _____	

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 June 11 1953, August 13, 1955, that I last saw the deceased alive on Aug 12, 1955, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ronald H. Scott</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Sullivan Mo</u>	23c. DATE SIGNED <u>11-15-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG 16, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BUFFALO CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO</u>
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DATE REC'D BY LOCAL REG. <u>8-15-55</u>	REGISTRAR'S SIGNATURE <u>Thomas G. Humphrey</u>	446	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Wheaton</u>	ADDRESS <u>Sullivan, Mo.</u>
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(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, *Byron J. Bell* Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Byron J. Bell*

Licensed Embalmer No... *497*

P. O. Address... *Sullivan*

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.