

USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27145

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY <u>Demiseat</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MO</u> b. COUNTY <u>Demiseat</u>	
b. CITY OR TOWN <u>Hayth</u>	c. LENGTH OF RESIDENCE (In this place) <u>30 yrs</u>	c. CITY OR TOWN <u>Hayth - MO</u>	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		e. STREET ADDRESS (If rural, give location) <u>203 N. Cedar St 27810</u>	

3. NAME OF DECEASED (First) George (Middle) Lee (Last) Hearing 4. DATE OF DEATH (Month) 8 (Day) 11 (Year) 55

5. SEX Male 6. COLOR OR RACE Col. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH 6-11-1892 9. AGE (In years last birthday) 63 10. IF UNDER 1 YEAR Days 2 11. IF UNDER 1 HR. Hours 0 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm labor 10b. KIND OF BUSINESS OR INDUSTRY Cotton farm 11. BIRTHPLACE (City, town, and State or Foreign Country) Brinkley Ark 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Hearing 13b. MOTHER'S MAIDEN NAME Molly Robinson 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Minnet Hall Memphis, Tenn ADDRESS _____

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____

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 792x 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 10 Aug 1955, to 11 Aug 1955, that I last saw the deceased alive on 11 Aug 1955, and that death occurred at 4 p m., from the causes and on the date stated above.

23a. SIGNATURE John St. German (Degree or title) _____ 23b. ADDRESS Camdenville, Mo 23c. DATE SIGNED 13 Aug 1955

24a. BURIAL CREMATION REMOVAL (Specify) Burial 24b. DATE 8-14-55 24c. NAME OF CEMETERY OR CREMATORY Morgan 24d. LOCATION (City, town, or county) (State) Hayth MO

DATE REC'D BY LOCAL REG. 8-15-55 REGISTRAR'S SIGNATURE John St. German 406-63 25. FUNERAL DIRECTOR'S SIGNATURE John St. German ADDRESS Hayth - Mo

8-238-55

AUG 23 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-
posed by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Am Hill*.....
Licensed Embalmer No. *26*

P. O. Address *L. Brown*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.