

No. 300
10.48

FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37524**

BIRTH NO. _____ REG. DIST. NO. **210** PRIMARY REG. DIST. NO. **5770** Registrar's No. **70**

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) Rural - Madison Twp.		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Princeton
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 061 0	

3. NAME OF DECEASED a. (First) George b. (Middle) S c. (Last) Squires			4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 26, 1866	9. AGE (In years last birthday) 89	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mercer Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME G. W. Squires		13b. MOTHER'S MAIDEN NAME Esther Loyd		14. NAME OF HUSBAND OR WIFE	
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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) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Theodore Squires Princeton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility with senile dementia		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		MORBID CONDITIONS, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		304X			

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 19 to 19, that I last saw the deceased alive on 10-18-55, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Douglas D. Pierce, D.O.		23b. ADDRESS Princeton Missouri		23c. DATE SIGNED 11-17-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-14-55		24c. NAME OF CEMETERY OR CREMATORY Goshen Ceme.		24d. LOCATION (City, town, or county) (State) Mercer Co., Mo.	
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DATE REC'D BY LOCAL REG. 11-19-55		REGISTRAR'S SIGNATURE [Signature] 393-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Martin Funeral Home Princeton, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

[Signature]

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..... *Leon Martin*

Licensed Embalmer No. *376*

P. O. Address *Permatan*

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.