

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39511

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6271 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY Washington Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Rural		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place)		f. STREET ADDRESS (If rural, give location) Conway Mo. R.R. 112	
d. FULL NAME OF HOSPITAL OR INSTITUTION Conway, Mo.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH
a. (First) William	b. (Middle) W.	c. (Last) George	(Month) (Day) (Year) Jul. 27, 1955

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unmarried	8. DATE OF BIRTH Sept. 11, 1875	9. AGE (In years last birthday) 80	10. F UNDER 1 YEAR Months	11. F UNDER 2 HRS. Hours	12. CITIZEN OF WHAT COUNTRY? U.S.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Dallas County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Eph. George	13b. MOTHER'S MAIDEN NAME Rebecca Oxtan	14. NAME OF HUSBAND OR WIFE Ora George
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Belle Marlin	ADDRESS Conway, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High blood pressure		
	II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. 443X		

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) m.	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 1-1-55, 1955, to 11-27, 1955 that I last saw the deceased alive on 11-27, 1955, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE W.P. Lindsay M.D.	(Degree or title) of	23b. ADDRESS Conway, Mo.	23c. DATE SIGNED 11-30-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-29-55	24c. NAME OF CEMETERY OR CREMATORY Thorpe	24d. LOCATION (City, town, or county) (State) Dallas County, Mo.
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DATE REC'D BY LOCAL REG. 12-1-55	REGISTRAR'S SIGNATURE J. Francis	25. FUNERAL DIRECTOR'S SIGNATURE J. Montgomery	ADDRESS 2111 Home Buffalo, Mo.
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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, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Alyde Montgomery*

Licensed Embalmer No. *357*

P. O. Address *Buffalo*

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.