

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41692**

FILED JAN 12 1956

BIRTH NO. _____ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **4460** Registrar's No. **588**

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Doniphan		c. CITY OR TOWN Doniphan	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 weeks		e. STREET ADDRESS (If rural, give location) Brooks Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brooks Street			

3. NAME OF DECEASED (Type or Print) GEORGE	a. (First) W.	b. (Middle) STREET	c. (Last)	4. DATE OF DEATH Nov. 16, 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 23, 1873	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 8 Days 23	IF UNDER 2 HRS. Hour Min.
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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 Farming	11. BIRTHPLACE (City and State or Foreign Country) Coles County, Minn.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David Street	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Josie Holt Street
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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. none	17. INFORMANT'S SIGNATURE OR NAME Frank Street Ponder, Missouri	ADDRESS
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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 10 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 34 years DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic pyelonephritis			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? 334X	YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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) None	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 **9-4**, 19**55**, to **11-16**, 19**55**, that I last saw the deceased alive on **11-15**, 19**55**, and that death occurred at **2:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry R. Roy, D.O.	23b. ADDRESS Doniphan, Mo.	23c. DATE SIGNED 11-28-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11/17/1955	24c. NAME OF CEMETERY OR CREMATORY Johnston Chapel Cem.	24d. LOCATION (City, town, or county) (State) Ripley Co., Missouri
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DATE REC'D BY LOCAL REG. 12-19-55	REGISTRAR'S SIGNATURE CR Johnston	25. FUNERAL DIRECTOR'S SIGNATURE 277	ADDRESS Edwards Funeral Home Doniphan, Mo.
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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.....

Gene A. Parents

Licensed Embalmer No. 480

P. O. Address *Doniphan*

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.