No. 200
No. 48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19821

BIRTH NO. 36602-56 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 328

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): S.E. East Mo. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau 164
d. STREET ADDRESS (If rural, give location): SEMO Hospital

3. NAME OF DECEASED (Type or Print)
a. (First): Mark
b. (Middle): —
c. (Last): George

4. DATE OF DEATH (Month) (Day) (Year): June 27 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: June 26 1956
9. AGE (In years last birthday): —
If under 1 year: Months —; Days —; If under 24 hrs.: Hours 10; Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and State or Foreign Country): Cape Girardeau Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Milton Armer George
13b. MOTHER'S MAIDEN NAME: Marjorie Ann Deimund
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Milton A. George
ADDRESS: 2948 Bloomfield Cape Gir. Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 6½ mo gest.

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 776x
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) m.
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* 6/26, 1956, *to* 6/27, 1956 *that I last saw the deceased alive on* 6/27, 1956 *and that death occurred at* 7:5 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. B. Edwards M.D.
23b. ADDRESS: Cape Girardeau Mo
23c. DATE SIGNED: 6/28/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/27/56
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Cape Girardeau Mo

DATE REC'D BY LOCAL REG.: 6-30-56
REGISTRAR'S SIGNATURE: Elizabeth Summers Dep
25. FUNERAL DIRECTOR'S SIGNATURE: Ford & Sons
ADDRESS: Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

4-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was Not embalmed by me, or by ——

..... Student Embalmer No. .....

working under my personal supervision.

Student ..... —
Student Embalmer

Signed William E Treer

Licensed Embalmer No. 4733

P. O. Address Cape Girardeau Mo

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 this body is not embalmed, fact should be so stated above.