

FILED NOV 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38392

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 4241 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oak Grove		c. CITY OR TOWN Oak Grove	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City		d. STREET ADDRESS (If outside, give location) City	
Length of stay in lb 65yrs		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle H Last George		4. DATE OF DEATH Month Nov Day 9 Year 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-21-1864
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		100. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Wellington Mo
13. FATHER'S NAME Isaac George		14. MOTHER'S MAIDEN NAME Sarah Leach	
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 L.I. George Address Oak Grove Mo
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterial Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____			INTERVAL BETWEEN ONSET AND DEATH 12 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		332X	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____	
20c. TIME OF INJURY. Hour _____, Month _____, Day _____, Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from 10-29-59 to 11-9-59 and last saw ^{him} alive on 11-9-59 Death occurred at 9:05 pm m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John C. Williams (Degree or title) M.D.		22b. ADDRESS Oak Grove Mo	
		22c. DATE SIGNED 11-12-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. NAME OF CEMETERY OR CREMATORY Oak Grove	
23c. DATE Nov 11 -56		23d. LOCATION (City, town, or county) (State) Oak Grove Mo	
24. FUNERAL DIRECTOR Webb Funeral Home ADDRESS Blue Springs Mo		25. DATE RECD. BY LOCAL REG. 11-12-56	
		26. REGISTRAR'S SIGNATURE N. B. Longford	

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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... *[Handwritten Signature]*

Licensed Embalmer No. *230*

P. O. Address *Blue Springs*

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.