

FILED MAR 1-1 1957

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 1163

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	c. LENGTH OF STAY (in this place) <u>10 hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Illmo</u> <sup>1000</sup> <sub>0</sub>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo. Hosp.</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOSEPH</u>	b. (Middle) <u>LEVERTT</u>	c. (Last) <u>GEORGE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 27, 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 5, 1899</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car Inspector</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>	11. BIRTHPLACE (State or foreign country) <u>Paris Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Wylie George</u>	13b. MOTHER'S MAIDEN NAME <u>Lula Criswell</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Duncan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	(If yes, give war and dates of service) <u>4/9/20 to 10/9/20</u>	16. SOCIAL SECURITY NO. <u>429-03-4976</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Joe L. George</u>	ADDRESS <u>Illmo, Mo</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>hypertension, diverticulosis of the bladder.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 1/4, 1957, to 2/27, 1957, that I last saw the deceased alive on 2/26, 1957, and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Kern</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Cape Girardeau, Mo</u>	23c. DATE SIGNED <u>3/2/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-1-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lightner Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Illmo, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-4-57</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bisplinghoff Funeral Home</u>	ADDRESS <u>Illmo, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 1 2 1957

MAR 1 5 1957

MAR 2 6 1957

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Oliver O. Amick*

Licensed Embalmer No. \_\_\_\_\_

4470

P. O. Address \_\_\_\_\_

*Illino, 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.