

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8158

FILED APR 1 - 1957

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 4179 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath, Mo.</u>		c. LENGTH OF STAY (in this place) <u>8 Yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen. Del.</u>		d. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dave</u> b. (Middle) <u>None</u> c. (Last) <u>George</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 7, 1957</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>2</u> WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Mar. 9 1873</u>		9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Powder Expert</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>					

13a. FATHER'S NAME <u>Will George</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Tyner</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
---------------------------------------	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>R. W. George Senath Mo.</u> ADDRESS _____	
--	--	-------------------------------	--	--	--

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, esophageal (biopsy not done)</u>		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------------	--	--	--	--	--

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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from Aug 18th, 1950, to Mar 7, 1957, that I last saw the deceased alive on Mar 7, 1957, and that death occurred at 5:50 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. M. Noble Jr. M.D.</u> (Degree or title)		23b. ADDRESS <u>Senath, Mo</u>		23c. DATE SIGNED <u>3-18-57</u>	
--	--	--------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-8-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lorado Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>12 Mi. No. Jonesboro, Ark.</u>	
---	--	---------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>3-12-57</u>		REGISTRAR'S SIGNATURE <u>Wm. J. Lanier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Farmers Union</u> ADDRESS <u>Home Jonesboro, Ark.</u>	
---	--	--	--	---	--

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

91-0

Dr. Elbert Mohler
Senath, Mo.

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 3-28-51
COUNTY FILE NUMBER 357-9

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 _____

Jerry E. Cravens

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Jerry Cravens

Licensed Embalmer No. Ark. 992

P. O. Address Jonesboro, Arkansas

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.