Health, & Welfare
Public
Service

S. 300
v. 1-56

Securing the medical certification in the specific manner required by 193.140 Mo. Rev. Stat. 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 9230

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY Ray
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 120 West Royal — Length of stay in 1b 7 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ray
c. CITY OR TOWN Richmond 089 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 120 West Royal — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First GEORGE Middle (N) Last SEARCY
4. DATE OF DEATH Month April Day 5 Year 1957
5. SEX male 0
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 2
8. DATE OF BIRTH February 11 1869
9. AGE (In years last birthday) 88 — IF UNDER 1 YEAR Months 1 Days 24 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY General Farming
11. BIRTHPLACE (City and state or country) Ray County, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.R.
13. FATHER'S NAME James David Searcy
14. MOTHER'S MAIDEN NAME Louisa Hankins
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. none
17. INFORMANT Address Mrs Goldie Shumate, Richmond Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Volvulus Intestine
DUE TO (c) Arterio-Sclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE ~~TERMINAL DISEASE~~ CONDITION GIVEN IN PART I(a) 4221
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE ~~AT WORK~~ ☐
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 March 1 to 57 4-5-58 and last saw ~~her~~ him alive on 4-5-57
Death occurred at 3:10 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. E. Gay M.D. 0
22b. ADDRESS Richmond
22c. DATE SIGNED 4-6-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE April 7 1957
23c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery
23d. LOCATION (City, town, or county) (State) Richmond, Missouri

24. FUNERAL DIRECTOR QUEST-LILE FUNERAL HOME RICHMOND, MISSOURI — ADDRESS George Dhile
25. DATE RECD. BY LOCAL REG. April 7-1957
26. REGISTRAR'S SIGNATURE Mabel Jackson

(Licensed Embalmer's Statement on Reverse Side)

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MAY 9 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No 406.

P. O. Addres

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.