

FILED APR 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15863

State File No.
Registrar's No. 15

BIRTH NO. REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4492

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ORAN	c. LENGTH OF STAY (in this place) 3 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ORAN	
d. FULL NAME OF HOSPITAL OR INSTITUTION ORAN		d. STREET ADDRESS (If rural, give location) ORAN	

3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) c. (Last) GEORGE			4. DATE OF DEATH (Month) (Day) (Year) APRIL 16 1957		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 20 1869	9. AGE (In years last birthday) 87	10. MONTHS 1000	11. DAYS 1000	12. HOURS 1000	13. MIN. 1000
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY IN OWN HOME	11. BIRTHPLACE (State or foreign country) KENTUCKY	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JOHN L. BALL	13b. MOTHER'S MAIDEN NAME JULIA ANN MCMULLIN	14. NAME OF HUSBAND OR WIFE SAMUEL GEORGE
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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. ?	17. INFORMANT'S SIGNATURE OR NAME MRS. A. G. WESTLAND	ADDRESS ORAN, MO
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Corneal Opacities</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Atherosclerosis</u> 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 <u>10 years</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 4201 YES <input type="checkbox"/> NO <input checked="" 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 Nov 13, 1956, to Apr. 16, 1957, that I last saw the deceased alive on Apr 15, 1957, and that death occurred at 8:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert E. Trille MD</u>	(Degree or title)	23b. ADDRESS <u>111 E. Yoakum Street Mo</u>	23c. DATE SIGNED <u>18 April 57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 19 1957	24c. NAME OF CEMETERY OR CREMATORY HOPEDALE	24d. LOCATION (City, town, or county) (State) ÖZARK MO
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DATE REC'D BY LOCAL REG. 4-20-57	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS ORAN, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

445

DATE RECEIVED APR 22 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 457-79

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Earl J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 3676

P. O. Address Oran, 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.)