No. 300
10.48

FILED JUL 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24282

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4208 Registrar's No. 25

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

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cainsville
c. LENGTH OF STAY (in this place) All life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Harrison
c. CITY OR TOWN Cainsville
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 0410

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Sherman c. (Last) George

4. DATE OF DEATH (Month) July (Day) 16 (Year) 1957

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH January 5 1867
9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months Days 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 Farm
11. BIRTHPLACE (City and State or Foreign Country) Harrison Co., Missouri 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Howard Hampton George
13b. MOTHER'S MAIDEN NAME Mary Ann Oneal
14. NAME OF HUSBAND OR WIFE Louie Caroline George (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Edgar George ADDRESS Cainsville, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocarditis
DUE TO (c) Senility (note his age)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
Perhaps one a few months
Several years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222
20. AUTOPSY? YES [ ] NO [X] 2

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24 1957, to July 7, 1957, that I last saw the deceased alive on July 7, 1957, and that death occurred at 2:30p m., from the causes and on the date stated above.

23a. SIGNATURE William Ellsworth (Degree or title) M. D. 0
23b. ADDRESS Cainsville, Mo.
23c. DATE SIGNED 7-18-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 18 1957
24c. NAME OF CEMETERY OR CREMATORY Glaze Cemetery
24d. LOCATION (City, town, or county) (State) RFD Cainsville, Mo.

DATE REC'D BY LOCAL REG. 7-23-57
REGISTRAR'S SIGNATURE Zella Maxey
25. FUNERAL DIRECTOR'S SIGNATURE [signature] ADDRESS Cainsville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

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

by me, ~~or by~~ Eddie J. Stoklasa, Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3602

P. O. Address Cainsville, Mo.

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