

FILED SEP 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

24660

Registration District No.

372

Primary Registration District No.

6264

Registrar's No.

13

300
-57

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hazelwood Sub		c. CITY OR TOWN SEYMOUR ROUTE 1	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First JOHN Middle THOMAS Last GEORGE		4. DATE OF DEATH Month 9 Day 17 Year 57	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 19, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) WEBSTER CO.
13a. FATHER'S NAME JOHN GEORGE		13b. MOTHER'S MAIDEN NAME MYRA PURSLEY	14. NAME OF HUSBAND OR WIFE LAURA GEORGE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address BENTON GEORGE SEYMOUR, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Transition and Debilitation Caused by Paranematosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Primary Carcinoma of Liver DUE TO (c) Hemochromatosis			INTERVAL BETWEEN ONSET AND DEATH 9 months ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1551			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 Jan - 9 - 57 to Sept - 17 - 57 and last saw ^{him} alive on Sept - 17 - 57 Death occurred at 12:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. R. Gill	(Degree or title) D.O.	22b. ADDRESS Seymour	22c. DATE SIGNED 9/20/57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-20-57	23c. NAME OF CEMETERY OR CREMATORY LIBERTY CEMETERY	23d. LOCATION (City, town, or county) (State) WEBSTER Co. MO.
24. FUNERAL DIRECTOR Robert Bergman	ADDRESS Seymour	25. DATE RECD. BY LOCAL REG. 9-23-57	26. REGISTRAR'S SIGNATURE Gilbert Jones

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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
Signature of Student Embalmer

Signed *Max S Miller*

Licensed Embalmer No. *4720*
P. O. Address *Manfield N*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.