

FILED JAN 21 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

643

STATE FILE NUMBER

Registration District No. 74 Primary Registration District No. 4186 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Plattsburg</u>		c. CITY OR TOWN <u>Plattsburg</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>407 Birch Ave</u>		d. STREET ADDRESS (If outside, give location) <u>407 Birch Ave -</u>	

3. NAME OF DECEASED (Type or print) First <u>C</u> Middle <u>Edward</u> Last <u>George</u>			4. DATE OF DEATH Month <u>JANUARY</u> Day <u>6</u> Year <u>1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL 3 1891</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Plattsburg Missouri</u>	
13. FATHER'S NAME <u>HENRY GEORGE</u>			14. MOTHER'S MAIDEN NAME <u>FLORA MARTIN</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. <u>490-42-5542</u>		17. INFORMANT <u>MRS. ANNE GEORGE</u> Address <u>Plattsburg MO.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Thrombotic Anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>
DUE TO (b) <u>Adeno-Carcinoma of Prostate</u>		<u>5-6 mo</u>
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>177X</u>		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 <u>8:30 A</u> Month, Day, Year		
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 <u>Plattsburg, Mo.</u>
		COUNTY <u>Clinton</u>
		STATE <u>MO.</u>

21. I attended the deceased from Sept 10, 1957 to Jan 6, 1958 and last saw him alive on Jan 5, 1958
Death occurred at 8:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John P. Mahoney MD.</u> (Degree or title)	22b. ADDRESS <u>Plattsburg, Mo.</u>	22c. DATE SIGNED <u>Jan 8, 1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>JAN. 9, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN</u>
23d. LOCATION (City, town, or county) <u>Plattsburg</u>		(State) <u>MO.</u>

24. FUNERAL DIRECTOR <u>D. D. Lyon</u>	ADDRESS <u>Plattsburg, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>Jan. 8, 1958</u>	25. REGISTRAR'S SIGNATURE <u>Elizabeth Seearce</u>
---	-----------------------------------	---	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

JAN 2 1958

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.....
Phillip E. Loop

Licensed Embalmer No. 4

P. O. Address *Stearnsburg*

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