

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031808

STATE FILE NUMBER 1062

FILED OCT 14 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No.

2  
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fillmore</u> 0020
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u>		Length of stay in lb <u>40 years</u>	d. STREET ADDRESS (If outside, give location) <u>"None"</u>
3. NAME OF DECEASED (Type or print) First <u>Jesse</u> Middle <u>Everet</u> Last <u>George</u>		4. DATE OF DEATH Month <u>October</u> Day <u>4</u> Year <u>1958</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 12, 1891</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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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 <u>Dreaming</u>	11. BIRTHPLACE (City and state or country) <u>Fillmore Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Hugh George</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Thorburn</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>	17. INFORMANT <u>Mrs. Ada Simealy</u>	Address <u>Fillmore, Mo.</u>
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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>Cancer of Throat</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		<u>148X</u>

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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____		

21. I attended the deceased from <u>Oct. 4, 1958</u> to <u>Oct 4, 1958</u> and last saw <sup>her</sup> him alive on <u>Oct 4, 1958</u> Death occurred at <u>Oct 4, 1958 8:00 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Dr. R. R. Price</u> (Degree or title)	22b. ADDRESS <u>State Hosp. #2 St. Joseph, Mo.</u>	22c. DATE SIGNED <u>10-4-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 6, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fillmore Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Fillmore Mo</u>
24. FUNERAL DIRECTOR <u>Wm A. Rich</u>	ADDRESS <u>Savannah Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 6, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodall</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. R. R. Price

MEDICAL CERTIFICATION

OCT 21 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 *Wm A Rich* .....

Licensed Embalmer No. *4228* .....

P. O. Address *Savannah, Ga* .....

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.