

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045058

STATE FILE NUMBER

FILED DEC 19 1958

Registration District No.

254

Primary Registration District No.

4386

Registrar's No.

52

300 4
1-57

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Thayer		c. CITY OR TOWN Thayer	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Towery Rest Home		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b 2 years		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last George Samuel Southard			4. DATE OF DEATH Month Day Year December 7, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH April, 1883	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Saw Mill Operator		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Arkansas	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Joseph A. Southard	13b. MOTHER'S MAIDEN NAME Nancy Jane Lawson	14. NAME OF HUSBAND OR WIFE Elizabeth Edwards Southard
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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. None	17. INFORMANT Mrs. W. I. Mayfield, 105 Payden, W. Plain, Mo.
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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>Coronary Heart Disease</u> DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>Indurated</u>		INTERVAL BETWEEN ONSET AND DEATH 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <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 Thayer	COUNTY	STATE
21. I attended the deceased from <u>Aug 1955</u> to <u>Dec 7 1955</u> and last saw <u>her</u> alive on <u>Dec 8 1955</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>Dr. George M. D.</u> (Degree or title)		22b. ADDRESS <u>Thayer Mo</u>		22c. DATE SIGNED <u>12-9-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-9-1958	23c. NAME OF CEMETERY OR CREMATORY Ball Cemetery	23d. LOCATION (City, town, or county) Thayer	(State)
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24. FUNERAL DIRECTOR <u>Glenn H. Thayer</u> ADDRESS	25. DATE RECD. BY LOCAL REG. 12-10-58	26. REGISTRAR'S SIGNATURE <u>Arthur Wolff</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

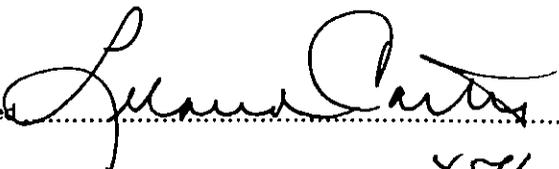
MEDICAL CERTIFICATION

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.

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 
Licensed Embalmer No. 4076
P. O. Address Shawnee

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.