Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004820
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Salisbury — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 628 So. Hutchinson — Length of stay in Ib: life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Chariton
c. CITY OR TOWN: Salisbury 0210 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 628 So. Hutchinson — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: George — Middle: - - - — Last: Black

4. DATE OF DEATH: Month, Day, Year: Feb. 14, 1959

5. SEX: male 2
6. COLOR OR RACE: negro
7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐
8. DATE OF BIRTH: March 12, 1887
9. AGE (In years last birthday): 71 — 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): brickmason
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (City and state or country): Salisbury, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Black
13b. MOTHER'S MAIDEN NAME: Lydia Banks
14. NAME OF HUSBAND OR WIFE: Opal Brummall Black

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: 497-14-6416
17. INFORMANT — Address: Mrs. Eli Fristoe, Salisbury, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pyelitis nephritis
DUE TO (c): Chronic glomerulo nephritis
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c): 592 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

All diseases in Part I must be causally related.

21. I attended the deceased from 2-2-59, to 2-14-59 and last saw ~~her~~ him alive on 2-14-59
Death occurred at 9:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George R. Quinn M.D. 2
22b. ADDRESS: Salisbury, Mo
22c. DATE SIGNED: 2-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 2/17/59
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): Salisbury, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Chas. B. Winkelmeyer, Salisbury, Mo.
25. DATE RECD. BY LOCAL REG.: 2-16-59
26. REGISTRAR'S SIGNATURE: Geo Hawkins

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1959

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 Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, Mo.

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.