

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012702  
State File No. ....

MAY 1 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY OR TOWN <b>Smithville</b>		c. CITY OR TOWN <b>Smithville</b>	
c. LENGTH OF STAY (in this place) <b>33 Yrs.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		e. STREET ADDRESS (If rural, give location) <b>None</b>	

3. NAME OF DECEASED (Type or Print) <b>George Earl Makings</b>			4. DATE OF DEATH <b>April 22, 1959</b>		
a. (First)	b. (Middle)		c. (Last)		7. DATE OF BIRTH <b>Mar. 2, 1887</b>
5. SEX <b>Ma</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mill Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Flour Mill</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Watson, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Joseph Makings</b>		13b. MOTHER'S MAIDEN NAME <b>Fannie King</b>		14. NAME OF HUSBAND OR WIFE <b>Mollie Makings</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-10-6294</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mollie Makings</b>	
				ADDRESS <b>Smithville, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Arteriosclerotic disease</b>			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-22, 1959, to 4-22, 1959, that I last saw the deceased alive on 4-22, 1959, and that death occurred at 6:00 A m., from the causes and on the date stated above.

23a. SIGNATURE <b>Paul C. Mesco</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Smithville, Mo.</b>		23c. DATE SIGNED <b>4-23-59</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-24-59</b>		24c. NAME OF CEMETERY OR CREMATORY <b>High Creek Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Atchison, County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>4-24-59</b>		REGISTRAR'S SIGNATURE <b>Marquette Hudgens</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McComas Funeral Home</b>	
				ADDRESS <b>Smithville, Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



**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.....  
*Donald W. Harker*

Licensed Embalmer No. *4578*

P. O. Address *Smithville, 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.