

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017110

STATE FILE NUMBER

FILED MAY 27 1959

Registration District No. 72

Primary Registration District No. 434

Registrar's No. 95

300
1-57

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SMITHVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PLATTE CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SMITHVILLE HOSPITAL		Length of stay in lb 1 HR.	083 d. STREET ADDRESS (If outside, give location) 0 0 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM (NONE) GEORGE			4. DATE OF DEATH Month Day Year MAY 22, 1959
5. SEX M	6. COLOR OR RACE WH.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 31, 1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS. Hours Min.
FARMER & CARPENTER		GEN'L.	11. BIRTHPLACE (City and state or country) MISSOURI
13a. FATHER'S NAME T. J. GEORGE		13b. MOTHER'S MAIDEN NAME RACHEL ANN WILLS	14. NAME OF HUSBAND OR WIFE NARCISSA DOOLEY GEORGE
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. 500-20-6883	17. INFORMANT Address MRS. WM. GEORGE, PLATTE CITY, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction. DUE TO (b) Coronary Artery Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Varicella Syndrome 4201			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 H
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 COUNTY STATE
21. I attended the deceased from 5-22-59 to 5-22-59 and last saw her alive on 5-22-59 Death occurred at 430 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C.W. Blumhose, M.D.		22b. ADDRESS Platte City, Mo	22c. DATE SIGNED 5/23/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-23-59	23c. NAME OF CEMETERY OR CREMATORY PLATTE CITY CEMETERY	23d. LOCATION (City, town, or county) (State) PLATTE CITY, Mo.
24. FUNERAL DIRECTOR ROLLINS MITCHELL		25. DATE RECD. BY LOCAL REG. 5-23-59	26. REGISTRAR'S SIGNATURE Marquette Hudson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

4-0

3961 2 1111

MS AUG 9 1960

3961 6 1073

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 *Roland W. Giff*

Licensed Embalmer No. *4725*
P. O. Address *Chattanooga*

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.