

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005653

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Primary Registration District No. 5317 Registrar's No. 32

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kelly TWP</b>		Length of stay in 1b <b>Life</b>		c. CITY OR TOWN <b>4 Miles N.E. Tipton</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4 Miles N.E. Tipton</b>				d. STREET ADDRESS (If outside, give location) <b>4 Miles N.E. Tipton</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Alpheus</b> Middle <b>Lee</b> Last <b>George</b>			4. DATE OF DEATH Month <b>February</b> Day <b>20th</b> Year <b>1960</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec. 12, 1875</b>	
9. AGE (last birthday) <b>85</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Stockman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and state or country) <b>Bunceton, Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Stockman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and state or country) <b>Bunceton, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Reuben A. George</b>			13b. MOTHER'S MAIDEN NAME <b>Minerva Gilbreth</b>			14. NAME OF HUSBAND OR WIFE <b>Stella George</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>499-40-1311</b>		17. INFORMANT <b>Hood George (son) Tipton, Missouri</b>		
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac infarct</b>							INTERVAL BETWEEN ONSET AND DEATH <b>30 m.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m. _____		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <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 <b>2/20/1960</b> , to <b>2-20/60</b> and last saw him alive on <b>2/20/60</b> Death occurred at <b>Edison</b> A.m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>J. F. Potts M.D.</b>				22b. ADDRESS <b>Tipton, Mo.</b>			22c. DATE SIGNED <b>2/20/60</b>
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 22, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>		23d. LOCATION (City, town, or county) <b>Tipton, Mo</b>		(State)
24. FUNERAL DIRECTOR ADDRESS <b>Jewell E. Richards - Tipton, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>2-23-60</b>		26. REGISTRAR'S SIGNATURE <b>St. Hooper</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

