

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037813

FILED VS **OCT 17 1960** **007**

Registration District No. _____ Primary Registration District No. **4009** Registrar's No. **70**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ANDREW b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SAVANNAH Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 606 Main Street Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY ANDREW c. CITY OR TOWN SAVANNAH Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 606 Main Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Sherri Ann George			4. DATE OF DEATH Month Day Year October 7, 1960				
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-7-60	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 12			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Savannah, Missouri			
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Walter T. George		13b. MOTHER'S MAIDEN NAME Willah Jean Kennedy			
14. NAME OF HUSBAND OR WIFE - - - -		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. - - -			17. INFORMANT Address Walter T. George, Savannah, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 12 hours			
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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			
20g. STATE		21. I attended the deceased from 10-7-60 to 10-7-60 and last saw her him alive on 10-7-60 Death occurred at 3:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Warren Baker M.D.			22b. ADDRESS Savannah, Missouri				
22c. DATE SIGNED 10-8-60			23a. BURIAL, CREMATION, REMOVAL (Specify) burial				
23b. DATE 10-8-60		23c. NAME OF CEMETERY OR CREMATORY Fillmore Cemetery		23d. LOCATION (City, town, or county) (State) Fillmore, Missouri			
24. FUNERAL DIRECTOR ADDRESS BREIT & HAWKINS, SAVANNAH			25. DATE RECD. BY LOCAL REG. 10-10-60				
26. REGISTRAR'S SIGNATURE Lillian Sparks							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James B. Hawk

Licensed Embalmer No. 4534

P. O. Address Savannah

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.