

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043411

STATE FILE NUMBER

Registration District No. 113 Primary Registration District No. 5431- Registrar's No. 35

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

0360

20360

3

4 0

5 1

6

7 0

8 0

9/20/1

10

11

190-8

30

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED DEC 4 1963

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prairie		Length of stay in 1b Life	c. CITY OR TOWN Lonedell
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lonedell Rt.1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt.1
3. NAME OF DECEASED (Type or print) I E George		4. DATE OF DEATH Month Nov. Day 30 Year 1963	

5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/4/87		9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
-----------------------	--	----------------------------------	--	---	--	-----------------------------------	--	-------------------------------------	--	---	--	----------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Dairy Farm				11. BIRTHPLACE (City and state or country) Lonedell, Mo.				12. CITIZEN OF WHAT COUNTRY USA			
--	--	--	--	--	--	--	--	--	--	--	--	---	--	--	--

13a. FATHER'S NAME Stephen George				13b. MOTHER'S MAIDEN NAME Candas Asplin				14. NAME OF HUSBAND OR WIFE Freddie 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.				17. INFORMANT Address Freddie George Lonedell, 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) <i>Old Patient Heart Failure - Phosphorus</i>										INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) <i>Died in sleep. (had heart condition)</i>											
DUE TO (c) <i>No Houl</i>											

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 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 checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		20f. CITY, TOWN, OR LOCATION Lonedell, Mo.		COUNTY		STATE	
---	--	---	--	--	--	--------	--	-------	--

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at 2 AM November 30 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Roller Smith</i>		(Degree or title)		22b. ADDRESS		22c. DATE SIGNED	
---------------------------------------	--	-------------------	--	--------------	--	------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/2/63		23c. NAME OF CEMETERY OR CREMATORY Prospect Cemetery		23d. LOCATION (City, town, or county) Lonedell, Mo.		(State)	
--	--	-----------------------------	--	--	--	---	--	---------	--

24. FUNERAL DIRECTOR Casey-Lenox F.H.		ADDRESS St. Clair, Mo.		25. DATE RECD. BY LOCAL REG. Dec 2-63		26. REGISTRAR'S SIGNATURE <i>Roller Smith</i>	
---	--	----------------------------------	--	---	--	--	--

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

774.000-1195

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 H. M. Linn

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.