

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046968
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 205

FILED DEC 29 1963

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1 <u>0071</u>				
2 <u>0190</u>				
3 <u>2</u>				
4 <u>1</u>				
5 <u>2</u>				
6				
7 <u>0</u>				
8 <u>0</u>				
9 <u>334X</u>				
10				
11				
12 <u>86-0</u>				
13 <u>1-0</u>				
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF		

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Butler, Mo.</u>		Length of stay in lb <u>3 Years</u>	c. CITY OR TOWN <u>Archie</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>Pine Tree Rest Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2 Miles East</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Carrie</u> Middle <u>Ester</u> Last <u>George</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>16</u> Year <u>1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/20/1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (last birthday) <u>84</u> IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> IF UNDER 24 HR: Hours <u> </u> Min. <u> </u>
11a. FATHER'S NAME <u>Eldridge Warren Longwell</u>		11b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Hamilton</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE <u>Harvey George, Deac.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mrs. Thelma Christiansen, Archie,</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: <u>Senescent Bronchopneumonia</u> <u>Cerebral Arterio Sclerosis</u> <u>Hypochromic Anemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>10 yr.</u> <u>2 yr.</u>
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 <u> </u> a.m. <u> </u> p.m.	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.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>Jan 6, 1961</u> to <u>Dec 16, 1963</u> and last saw her alive on <u>Dec 16, 1963</u> Death occurred at <u>8:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) <u>Carter M. Butler MD</u>		22b. ADDRESS <u>Butler Mo</u>	22c. DATE SIGNED <u>12/19/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/20/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Adrian, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Atkinson-Dickey Archie, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-18-1963</u>	26. REGISTRAR'S SIGNATURE <u>Norman Wilson</u>

(Licensed Embalmer's Statement on Reverse Side)

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 Rabebe Atkinson

Licensed Embalmer No. 4902
P. O. Address Hainesweb. 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.

Permit issued 12-18-63