

STANDARD CERTIFICATE OF DEATH

4220

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 16 1952 BIRTH NO. REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4216** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Clinton R 2 b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Calhoun		c. CITY (If outside corporate limits, write RURAL and give township) Springfield Twp.	
c. LENGTH OF STAY (in this place) 10 days		d. STREET ADDRESS (If rural, give location) near Church Street 8420	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Henry c. (Last) George			4. DATE OF DEATH (Month) (Day) (Year) June 8 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug 30 1880	9. AGE (in years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) Henry County Mo		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John L. George		13b. MOTHER'S MAIDEN NAME Mary Sharon		14. NAME OF HUSBAND OR WIFE Amanda 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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ima Gresson Clinton mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4222
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 7, 1952** to **June 7, 1952**, that I last saw the deceased alive on **July 7, 1952**, and that death occurred at **5:10 p.m.** from the causes and on the date stated above.

23a. SIGNATURE Wm. W. W. W.		23b. ADDRESS W. W. W.		23c. DATE SIGNED 6/9-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 10	24c. NAME OF CEMETERY OR CREMATORY Calhoun Cemetery	24d. LOCATION (City, town, or county) (State) Calhoun Mo	

DATE REC'D BY LOCAL REG. June-10-52	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE L. A. Housey	ADDRESS Calhoun Mo
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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
Student Embalmer

Signed

J. A. Housey

Licensed Embalmer No. 3502

P. O. Address Calhoun 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 this body is not embalmed, fact should be so stated above.