

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1179

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4216 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jebo township</u>		c. CITY OR TOWN <u>Calhoun</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Calhoun mo RR 2</u>		e. STREET ADDRESS (If rural, give location) <u>RR # 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>SHERMAN</u> c. (Last) <u>GEORGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-31-56</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>1/1/1878</u>
9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>X</u> Days <u>30</u>	IF UNDER 1 WRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Henry Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Wm Joseph George</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Saxton</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Elizabeth George</u>
15. WAS DECEASED EVER IN U.S. ARMY OR FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-10-4908</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ms Charley Crawford</u> ADDRESS <u>Calhoun</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive + Arteriosclerotic</u> <u>3-4 yrs</u> DUE TO (c) <u>Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 <u>1-16</u> , 19 <u>56</u> , to <u>1-31</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-31</u> , 19 <u>56</u> , and that death occurred at <u>10 p m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Quade M. Shurber, M.D.</u> (Degree or title)		23b. ADDRESS <u>Windsor, Mo</u>	23c. DATE SIGNED <u>2-2-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/2 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Calhoun Mo</u>
DATE REC'D BY LOCAL REG. <u>2-4-56</u>	REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J E Corralum</u> ADDRESS <u>Calhoun Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Eugene R. Casals*.....

Licensed Embalmer No... *46*...

P. O. Address *Clinton,*.....

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.