

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1091**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **358**

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>HENRY</b>		
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <b>Calhoun Clinton 2 days</b>		c. LENGTH OF STAY (in this place) <b>2 days</b>	c. CITY OR TOWN <b>CALHOON</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL</b>			e. STREET ADDRESS (If rural, give location) <b>042 0</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>LEWIS</b> b. (Middle) <b>HENRY</b> c. (Last) <b>GEORGE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 14 1957</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC-5-1875</b>		9. AGE (In years last birthday) <b>81</b> IF UNDER 1 YEAR: Months <b>1</b> Days <b>9</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>CALHOON, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>WILLIAM GEORGE</b>		13b. MOTHER'S MAIDEN NAME <b>REBECCA STRIBBY</b>		14. NAME OF HUSBAND OR WIFE <b>OLLIE GEORGE</b>	
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15. WAS DECEASED BY IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>897-42-562XA</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Maynard L George Calhoun, Mo.</b>			
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) <b>Chronic Cardio renal disease</b>			<b>1 1/2 yrs</b>
		DUE TO (c) <b>Carcinoma of the Cecum</b>			<b>2 wks</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>442XH</b>		20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 **1945**, to **Jan 17, 1957**, that I last saw the deceased alive on **Jan 14, 1957**, and that death occurred at **12:03 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>S. B. Hughes M.D.</b>		23b. ADDRESS <b>Clinton, Mo.</b>		23c. DATE SIGNED <b>1-15-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-16-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calhoun cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Calhoun Mo</b>	
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DATE REC'D BY LOCAL REG <b>1-18-57</b>	REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Sieckman-Dunning Clinton Mo</b>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

521

JAN 29 1957

**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.....  
*Robert J. Quinn*

Licensed Embalmer No. *470*

P. O. Address *Chicago*

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.