

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**65-023469**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 5512 Registrar's No. 149

**FILED JUN 21 1965**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Henry</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>                         |  |  |  |
| b. CITY (if outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Honey Creek Township</b>  |  | Length of stay in 1b  |  | c. CITY OR TOWN <b>Clinton</b>   |  |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Clinton R# 4, His Home</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><b>RFD. # 4</b>   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Ernest Wayne George</b>  |  |   | 4. DATE OF DEATH<br><b>June 13, 1965</b> |  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3/4/1914</b>      | 9. AGE (last birthday)<br><b>51</b>  | IF UNDER 1 YEAR<br>Months <b>3</b> Days <b>9</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br><b>Henry Co., Mo.</b>  |  |
| 13a. FATHER'S NAME<br><b>James George</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Bertha Harbstreet</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Maude George</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.<br><b>490 05 9677</b>   |  | 17. INFORMANT<br><b>Maude George, R # 4, Clinton, Mo.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:  |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH                 |
| IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage.</b>   |  |   |  |  | <b>10 min.</b>                                   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>self-inflicted gun shot wound</b>  |  |   |  |  | <b>10 min.</b>                                   |
| DUE TO (c)  |  |   |  |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>Self-inflicted 22 cal. bullet</b>                        |  |  |  |
| 20c. TIME OF INJURY<br>Hour <b>1:45</b> a.m. <b>6-13-65</b>   |  |   |  |  |  |
| 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.)<br><b>Home</b>   |  | 20f. CITY, TOWN, OR LOCATION - COUNTY STATE<br><b>Farm, Clinton Henry Mo</b>   |  |
| 21. I attended the deceased from <b>1960</b> to <b>death</b> and last saw her/him alive on <b>6 mo ago</b> .<br>Death occurred at <b>1:45 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>C.R. Watzg...</b>  |  |   | 22b. ADDRESS<br><b>Clinton Mo</b>        |  | 22c. DATE SIGNED<br><b>6-16-65</b>               |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 23b. DATE<br><b>June 16, 1965</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Norris Cemetery</b>   |  |
| 24. FUNERAL DIRECTOR<br><b>Vansant Funeral Home, Clinton, Mo.</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>6-16-65</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Mildred Begins</b>   |  |
| (Licensed Embalmer's Statement on Reverse Side)   |  |   |  |  |  |

(MVA)

JUN 30 1965

JUN 22 1965

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N. O. A.  
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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *J. J. Cook*

Licensed Embalmer No. 4335  
P. O. Address Chilhowe, 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 obtained 6-16-65 (MB)