

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

17103

State File No. _____

Registrar's No. 5

FILED MAY 26 1948
Registration District No. 2376

Primary Registration District No. 5879

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

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Rural Benton township
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76
(c) City or town Chambers, Mo Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME George South
(b) If veteran. _____ (c) Social Security No. _____
name war _____

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife husband 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Nov 29 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 5 20 27 hr. 20 min.

9. Birthplace Doostown Rural Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business _____

MOTHER FATHER
12. Name Samuel South
13. Birthplace St. Aubert Mo Rural 0
(City, town, or county) (State or foreign country)
14. Maiden name Emma Armet
15. Birthplace Crook Mo Rural 0
(City, town, or county) (State or foreign country)

16. (a) Informant Winfred South
(b) Address Hermanns Mo

17. (a) Chambers, Mo (b) Date thereof 5/22/1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director Otto T. Storkisch
(b) Address Chambers, Mo

19. (a) 5-21-1948 (b) Ethel Souder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1948 hour 9 minute 20 P.M.
21. I hereby certify that I attended the deceased from 1946
_____ 19____, to 1948 May 19
that I last saw him alive on May 10th 1948, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 940
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury 2

23. Signature J. E. Giffen D.O.
Address Chambers, Mo Date signed 5/21/48

