

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14726

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>5004</u>		Registrar's No. <u>172</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novinger</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novinger</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Novinger, Mo. R.R.#2</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route #2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>M.</u> c. (Last) <u>Chesser</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 31, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 16, 1863</u>	
				9. AGE (In years last birthday) <u>85</u>		10. UNDER 1 YEAR: Months _____ Days _____	
				11. BIRTHPLACE (State or foreign country) <u>Lawrence, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>				
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Price</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Chesser, Novinger, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Failing heart - old mitral reg</u> 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) <u>Hernia pelvis</u> DUE TO (c) <u>arteriosclerosis - Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>mild dementia senil</u>					334X
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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) _____		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>Jan</u> , 19 <u>49</u> , to <u>May 31</u> , 19 <u>49</u> that I last saw the deceased alive on <u>May 31</u> , 19 <u>49</u> , and that death occurred at <u>9 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. S. Washburn, M.D.</u>				23b. ADDRESS <u>Novinger, Mo.</u>		23c. DATE SIGNED <u>6/3/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/3/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greencastle</u>		24d. LOCATION (City, town, or county) (State) <u>Greencastle, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-6-49</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>			5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul R. Day, Kirksville, Mo.</u>		

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

RECEIVED

District Health Officer No. 10

District File Number 6-48-1

Date Filed 11-17-1918

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 Ray H. Mercer

Licensed Embalmer No. 4432

P. O. Address Kirkville, 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.