

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26430

State File No. \_\_\_\_\_

FILED SEP 6 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4158 Registrar's No. 49

1300  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo, Mo-0300</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bowden</u> b. (Middle) <u>E</u> c. (Last) <u>George</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 13-1950</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	
8. DATE OF BIRTH <u>Aug. 17-1886</u>			9. AGE (In years last birthday) <u>63</u>		10. UNDER 1 YEAR Days <u>11</u> Hours <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Dallas County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Charles George</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Brown</u>	
14. NAME OF HUSBAND OR WIFE <u>Ester George</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>500-10-1069</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ester George</u>		17. ADDRESS <u>Buffalo, Mo.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary thrombosis</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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)		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 8-13, 1950, to 8-13, 1950, that I last saw the deceased alive on 8-13, 1950, and that death occurred at 4 P m., from the causes and on the date stated above.

23. SIGNATURE <u>O. O. Garrison</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Buffalo, Mo</u>		23c. DATE SIGNED <u>8-15-50</u>	
---	--	---------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>		24b. DATE <u>8-15-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u>	
24d. LOCATION (City, town, or county) (State) <u>Buffalo, Mo</u>		24e. REGISTRAR'S SIGNATURE <u>Mrs. J. B. Jones</u>		24f. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery-Vaughan</u>	
DATE REC'D BY LOCAL REG. <u>8/26/50</u>		REGISTRAR'S SIGNATURE		ADDRESS <u>Buffalo, Mo</u>	

**DIVISION OF HEALTH OF MO.**

District No. 5 - Springfield

RECEIVED AUG 29 1950

Dist. File 850-1834

Date Filed Aug 29, 1950

---

---

**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 Clyde Montgomery

Licensed Embalmer No. 2592

P. O. Address Buffalo, 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.