S. No. 300
. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 7 1950

State File No. 39580

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 6177 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Buchanan Twp.
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 1 mi. N. Pennville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Sullivan 050
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural--Buchanan Twp. 0
d. STREET ADDRESS (If rural, give location): 1 mi. N. Penville

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Washington
c. (Last): Myers

4. DATE OF DEATH (Month) (Day) (Year): Nov. 23, 1950

5. SEX: Male ♂
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Feb. 14, 1875
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months ---- Days ---- IF UNDER 24 HRS.: Hours ---- Min. ----
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: General Farming
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Myers
13b. MOTHER'S MAIDEN NAME: Elizabeth Bradshaw
14. NAME OF HUSBAND OR WIFE: Tilda Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Tilda Myers, Green City, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis — 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) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 23, *19* 50, *to* Nov 23, *19* 50, *that I last saw the deceased alive on* Nov 23 1950, *and that death occurred at* 9:15Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M Herrington MD ♂
23b. ADDRESS: Green City. Mo
23c. DATE SIGNED: 11-25-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 27, 1950
24c. NAME OF CEMETERY OR CREMATORY: Pennville Cemetery
24d. LOCATION (City, town, or county) (State): Penville, Missouri

DATE REC'D BY LOCAL REG.: Dec. 1-1950
REGISTRAR'S SIGNATURE: Laura Catlett 4/5 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Glenn E. Kent & Son, Green City, Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Received: DEC 4. [redacted]
DISTRICT HEALTH OFFICE #[illegible]
District File Number 12-50-[illegible]
Date Filed: DEC 4 [redacted]

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.