

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9639

BIRTH NO. 9155-51 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4422 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland</u>	
c. LENGTH OF STAY (in this place) <u>14 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0850</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Darlene</u> b. (Middle) <u>George</u> c. (Last) <u>George</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3/ 2 51</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant (D)</u>	8. DATE OF BIRTH <u>3/2/51</u>	9. AGE (In years last birthday) <u>14</u>	IF UNDER 1 YEAR Months <u>14</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Crocker, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Ralph George</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Dora George</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ralph George</u>	ADDRESS <u>Richland, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>14hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity of infant</u>		
	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.		<u>774x</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Triples</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9:55A.M. 3/2 51 to 12:45 3/3, 19 51, that I last saw the deceased alive on 3/2, 1951, and that death occurred at 12:45A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R E Misser Dmp</u> (Degree or title)	23b. ADDRESS <u>Waynesville, Mo.</u>	23c. DATE SIGNED <u>3/3/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL (1)</u>	24b. DATE <u>3/3/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crocker, Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Crocker, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-22-51</u>	REGISTRAR'S SIGNATURE <u>Helma C. Buckharp</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Neddy</u> ADDRESS <u>Crocker, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 3-27-51
Pulaski County Health Officer
File Number
Date Filed 3-27-51

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Walter P. Hedger

Signed.....
Student Embalmer

Licensed Embalmer No. *4265*

P. O. Address *Beva, 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.