

FILED JUL 16 1951

STANDARD CERTIFICATE OF DEATH

23663
State File No. 43

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4776 Registrar's No. 43

0668

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

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE OKLA.	
b. CITY (If outside corporate limits, write RURAL and give township) NOEL (RURAL)		b. COUNTY _____	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) MIAMI	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) CAROL b. (Middle) JEAN c. (Last) GEORGE			4. DATE OF DEATH (Month) (Day) (Year) 6-9-51		
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5. SEX F / W	6. COLOR OR RACE N M O	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11-24-1935	9. AGE (In years last birthday) 15	IF UNDER 1 YEAR Months 6 Days 15	IF UNDER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (State or foreign country) BLUE JACKET OKLA.	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME H. F. GEORGE	13b. MOTHER'S MAIDEN NAME MURIEL MAE CURRY	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME C. F. George	ADDRESS Miami Okla
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck		INTERVAL BETWEEN ONSET AND DEATH Sudden
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Internal Injury		
	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 6-9-51 0600	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT - SUICIDE - HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Public Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Noel McDonald Okla.
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21d. TIME OF INJURY 6-9-51-11:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Into accident on Public Highway.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE D. M. Humphrey (Degree or title) Coroner	23b. ADDRESS Pineville Mo	23c. DATE SIGNED 6-10-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 6-10-51	24c. NAME OF CEMETERY OR CREMATORY MIAMI-	24d. LOCATION (City, town, or county) (State) MIAMI-OKLA.
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DATE REC'D BY LOCAL REG. 6-10-51	REGISTRAR'S SIGNATURE Mayme Humphrey	25. FUNERAL DIRECTOR'S SIGNATURE Cooper Funeral Home	ADDRESS By Wayne Harris
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Miami, Okla.

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

JUL 3 1951

Dist. File

Date Filed

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 Wayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Parisville, 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.