

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 789

FILED JAN 30 1952

No. 300  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>105</u>		PRIMARY REG. DIST. NO. <u>4177</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton</u>		c. LENGTH OF STAY (in this place) <u>3 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton</u>		<u>1357</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Main St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u>			b. (Middle) <u>Mae</u>		c. (Last) <u>George</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 19, 1952</u>
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 30, 1894</u>	
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u>		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Poplar Bluff, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Stage</u>			13b. MOTHER'S MAIDEN NAME <u>Mary D. Sullivan</u>		14. NAME OF HUSBAND OR WIFE <u>Howard George</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>X X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Howard George Clarkton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p align="center">I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIAL HYPER TENSION</u></p> <p align="center">ANTECEDENT CAUSES <u>UNKNOWN</u></p> <p align="center">DUE TO (b) _____</p> <p align="center">DUE TO (c) _____</p> <p align="center">II. OTHER SIGNIFICANT CONDITIONS <u>OBESITY</u></p> <p align="center"><i>Conditions contributing to the death but not related to the disease or condition causing death.</i></p>					INTERVAL BETWEEN ONSET AND DEATH <u>5 YRS.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>NO OPERATION</u>					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) <u>CLARKTON DUNKLIN MO.</u>			
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>3/16/49</u> , 19____, to <u>1/19/52</u> , 19____, that I last saw the deceased alive on <u>1/19/52</u> , 19____, and that death occurred at <u>7.00p.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B. Stemmey</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>CLARKTON MO.</u>		23c. DATE SIGNED <u>1/23/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-25-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Gilead cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clarkton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 24-1952</u>		REGISTRAR'S SIGNATURE <u>Marquette George</u> <u>440</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Funeral Ser. Dexter, Mo.</u>			

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT ..... 1-25-52 .....

COUNTY FILE NUMBER 152-29 .....

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 Marsh Watkins*

Signed .....

Student Embalmer

Licensed Embalmer No. 4717

P. O. Address

*Walter Marsh Watkins*

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.