

S. No. 300
v. 10.48

FILED MAY 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13620

BIRTH NO. _____ REG. DIST. NO. 921 PRIMARY REG. DIST. NO. 5793 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>(RURAL) LINN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>(RURAL) LINN</u> <u>153X</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>NEAR LUPUS Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR LUPUS Mo.</u>			
3. NAME OF DECEASED a. (First) <u>PHODA DELPHIA</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>GEORGE</u>		4. DATE OF DEATH <u>MAY 5 - 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>OCT. 4 - 1880</u>
9. AGE (In years last birthday) <u>71</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>GALE MOORE</u>		13b. MOTHER'S MAIDEN NAME <u>DONA SWINNEY</u>	
14. NAME OF HUSBAND OR WIFE <u>D.M. GEORGE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Allie George Lupus</u>		ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (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 <u>May 1</u> , 19 <u>52</u> , to <u>May 5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>May 5</u> , 19 <u>52</u> , and that death occurred at <u>8 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. H. Bacon</u> (Degree or title) _____		23b. ADDRESS <u>So. California, Mo.</u>	
23c. DATE SIGNED <u>5/6/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 7 - 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT. ZION</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR LUPUS - Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 7 - 1952</u>		REGISTRAR'S SIGNATURE <u>Gada M Snow</u> 199	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. ALBERT HORNBECK</u>		ADDRESS _____	

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

PRINCE HOME Mo.

APR 13 1957

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 Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home, 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.