S. No. 300
v. 10.48

Dr Post

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27335

BIRTH NO. ____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. ~~3007~~ 5141 Registrar's No. 371

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Qulin, Mo., R.F.D. Gillis Bluff
c. LENGTH OF STAY (in this place): 30yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Qulin, R. F. D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Qulin, Mo. Rural 0120
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) (N) c. (Last) George
4. DATE OF DEATH (Month) (Day) (Year): July 25, 1952
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 27, 1905
9. AGE (In years last birthday): 47 — If under 1 year: Months 0, Days 28; 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: Farming
11. BIRTHPLACE (State or foreign country): Bernie, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: William Harvey George
13b. MOTHER'S MAIDEN NAME: Lucinda Lane
14. NAME OF HUSBAND OR WIFE: None
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.:
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Mary Mitchell, Qulin, Missouri

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of lungs — 12 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Paresis left arm & leg. Pathological Fracture Rt femur — 2 wks.

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? 163 X B

22. *I hereby certify that I attended the deceased from* 15 July, 1952, *to* 25 July, 1952, *that I last saw the deceased alive on* 18 July, 1952, *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Emil A. Rost (Degree or title) M.D.
23b. ADDRESS: Poplar Bluff
23c. DATE SIGNED: 28 July 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 26, 1952
24c. NAME OF CEMETERY OR CREMATORY: Qulin Cemetery
24d. LOCATION (City, town, or county) (State): Qulin, Missouri

DATE REC'D BY LOCAL REG.: July 28-1952
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Frank-Cotrell Funeral Chapel ~~Poplar Bluff, Missouri~~
(Licensed Embalmer's Statement on Reverse Side)

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

0120

RECEIVED
AUG 14 1952
BUTLER CO. HEALTH CENTER
FILE No. 852-406

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 Wallace R. Knight

Licensed Embalmer No. 4544

P. O. Address 412 Vine

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.