

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41896

State File No.

FILED JAN 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5376 Registrar's No. 53

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

1. PLACE OF DEATH a. COUNTY <u>DE KALB</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>NEB</u> b. COUNTY <u>LANCASTER</u>	
b. CITY OR TOWN <u>Cameron Rur. 2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LINCOLN NEB 8260</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rambler Motel</u>		d. STREET ADDRESS (If rural, give location) <u>1810 Gaffield 8</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>JACOB</u> c. (Last) <u>DAVID</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 30 52</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 9 - 1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (State or foreign country) <u>RUSSIA</u>
13a. FATHER'S NAME <u>JACOB DAVID</u>		13b. MOTHER'S MAIDEN NAME <u>MARY PITSCH</u>	14. NAME OF HUSBAND OR WIFE <u>MOLLIE DAVID</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mollie David Lincoln Neb</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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>12-30</u> , 19 <u>52</u> , to <u>12-30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Dec 29 1952</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G. W. Netherator MD</u> (Degree or title)		23b. ADDRESS <u>Cameron Neb</u>	
23c. DATE SIGNED <u>12-31-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-4-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wyuka Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln Neb</u>	
DATE REC'D BY LOCAL REG. <u>1-1-53</u>		REGISTRAR'S SIGNATURE <u>Roscoe Davidson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u>		ADDRESS <u>Cameron</u>	

JAN 22 1953

JAN 20 1953

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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 Robert F. Paland

Licensed Embalmer No. 4777

P. O. Address Cameron, Md

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.