No. 300
10.48

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

FILED DEC 18 1952

STANDARD CERTIFICATE OF DEATH

State File No. 42693

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 187

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Camden
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Richland~~ Rural Jackson
d. STREET ADDRESS (If rural, give location): 12 mi North west of Richland

3. NAME OF DECEASED (Type or Print)
a. (First): Porter
b. (Middle): —
c. (Last): George

4. DATE OF DEATH (Month) (Day) (Year): 12 6 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 13 1883
9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months 1 Days 23
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: General
11. BIRTHPLACE (State or foreign country): Camden County, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Gholson George
13b. MOTHER'S MAIDEN NAME: Cynthia Copplewell
14. NAME OF HUSBAND OR WIFE: Alma George

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Alma George
ADDRESS: Richland Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic hypertensive vascular disease — 9 years
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: 331X
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?:

22. *I hereby certify that I attended the deceased from* Dec. 4, 1952, *to* Dec 6, 1952, *that I last saw the deceased alive on* Dec 6, 1952 *and that death occurred at* 9:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. R. Frolich
(Degree or title): M.D.
23b. ADDRESS: Lebanon Mo
23c. DATE SIGNED: Dec. 9, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/9/52
24c. NAME OF CEMETERY OR CREMATORY: Flower Chapel Cemetery
24d. LOCATION (City, town, or county) (State): 12 mi North of Richland, Mo

DATE REC'D BY LOCAL REG.: 12-10-1952
REGISTRAR'S SIGNATURE: Hella L. Hay
25. FUNERAL DIRECTOR'S SIGNATURE: R. B. Steele
ADDRESS: Richland

(Licensed Embalmer's Statement on Reverse Side)

Rolich

DEC 15 1952

12-52-178

DEC 16 1952

SEP 15 1953

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 Ewell C. Craig

Signed.....
Student Embalmer

Licensed Embalmer No. 2766

P. O. Address.....

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.