

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

4527

State File No.

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 186

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MO.</u> b. COUNTY <u>Wright</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN GROVE, MO</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>1141</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CECIL</u> | b. (Middle) | c. (Last) <u>GEORGE SR.</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-1954</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>3-16-1902</u> | 9. AGE (In years last birthday) <u>51</u> | # UNDER 1 YEAR Months <u>9</u> Days <u>28</u> | # UNDER 1 HRS. Hours <u></u> Mins. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONSTRUCTION WORK</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>LYON CO. KEN.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US.</u> |

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| 13a. FATHER'S NAME <u>CLAUD GEORGE</u> | 13b. MOTHER'S MAIDEN NAME <u>CORNELIA DORRAN WILCO GEORGE</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>548-4-3368</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>WILCO GEORGE</u> | ADDRESS <u>MTN GROVE</u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 mo's</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with failure</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) (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 2-8, 1954, to 2-14, 1954, that I last saw the deceased alive on 2-14, 1954, and that death occurred at 9:00 A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>W.D. Dunnean M.D.</u> | 23b. ADDRESS <u>Springfield MO</u> | 23c. DATE SIGNED <u>2-16-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>2-14-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MTN VALLEY</u> | 24d. LOCATION (City, town, or county) (State) <u>MTN GROVE, MO</u> |
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| DATE REC'D BY LOCAL REG. <u>2-17-54</u> | REGISTRAR'S SIGNATURE <u>Earl Williamson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. W. Wills</u> | ADDRESS <u>MTN GROVE MO.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

MAR 3

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

Frank Noble

Licensed Embalmer No. *4140*

P. O. Address *Wm. Jones, 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.