

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8375**

FILED APR 6 1954

BIRTH NO. _____ REG. DIST. NO. **134** PRIMARY REG. DIST. NO. **4208** Registrar's No. **6**

No. 300
10-48

410

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

1. PLACE OF DEATH a. COUNTY Harrison			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison			
b. CITY (If outside corporate limits, write RURAL and give township) Cainsville		c. LENGTH OF STAY (in this place) All life	c. CITY (If outside corporate limits, write RURAL and give township) Cainsville		0410	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) William		a. (First)	b. (Middle) Edgar	c. (Last) George	4. DATE OF DEATH (Month) (Day) (Year) March 27 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH January 7 1872	9. AGE (in years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General farming	11. BIRTHPLACE (City and State or Foreign Country) Harrison Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Howard H. George		13b. MOTHER'S MAIDEN NAME Mary Ann Oneal		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura Troy Mossburg Cainsville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema ANTECEDENT CAUSES Exposure in near freezing temperature for about 10 hours DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS E9320 ad Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 8 hours	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	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 Mar - 27 , 1954, to Mar 27 , 1954, that I last saw the deceased alive on Mar - 27 , 1954, and that death occurred at 12:20 p.m. , from the causes and on the date stated above.						
23a. SIGNATURE Alfred C. Tapp			23b. ADDRESS Cainsville, Mo.		23c. DATE SIGNED 3/28/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 29 1954	24c. NAME OF CEMETERY OR CREMATORY Zoar Cemetery, Cainsville, Mo.		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. April 1-54	REGISTRAR'S SIGNATURE S. P. Shaw, Cainsville, Mo.		25. EMBALMER'S SIGNATURE [Signature]		ADDRESS Cainsville, Mo.	

STATEMENT BY LICENSED EMBALMER

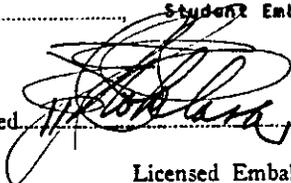
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, of/ by _____

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 3602

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.