

No. 300  
10. 48

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29682

BIRTH NO.		REG. DIST. NO. 373		PRIMARY REG. DIST. NO. 4553		Registrar's No. 80	
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Wright			
b. CITY (If outside corporate limits, write RURAL and give city or town) Mansfield, Mo.		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Mtn. Grove,		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mansfield Hospital				e. STREET ADDRESS (If rural, give location) 102 N. Green St. 1140			
3. NAME OF DECEASED (Type or Print) a. (First) T. D. b. (Middle) c. (Last) George			4. DATE OF DEATH (Month) (Day) (Year) Sept. 3, 1954				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 8, 1882		9. AGE (In years last birthday) 72m	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Cougill, Missouri 0		12. COUNTRY OF WHAT CITIZEN? USA	
13a. FATHER'S NAME Thomas D. George		13b. MOTHER'S MAIDEN NAME Ella Rozzelle		14. NAME OF HUSBAND OR WIFE Hazel (Bentley) George			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. XXXX	17. INFORMANT'S SIGNATURE OR NAME Hazel George,		ADDRESS Mtn. Grove, 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) Mechanical Ileus  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.					INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5701				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" 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 Feb. 19 51, to Sept. 3, 19 54, that I last saw the deceased alive on Sept. 3, 1954, and that death occurred at 5:50a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Richard L. Mitchem 2 DO				23b. ADDRESS Mountain Grove, Missouri		23c. DATE SIGNED 9/3/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 5,	24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery		24d. LOCATION (City, town, or county) (State) Mtn. Grove, Mo.		
DATE REC'D BY LOCAL REG. 9/8/54		REGISTRAR'S SIGNATURE [Signature] 384-90		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mtn. Grove, Mo.			

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

WRIGHT CO. HEALTH DEPT.  
County File Number 954-100  
Date Filed SEP 11 1954

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.