No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4299

FILED FEB 17 1956

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 486 Registrar's No. 8

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SULLIVAN
d. STREET ADDRESS (If rural, give location): 157 DONALD

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): HENRY
c. (Last): GEORGE

4. DATE OF DEATH (Month) (Day) (Year): 2 11 56

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 19, 1882
9. AGE (In years last birthday): 73
If under 1 year: Months 6 Days 22
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: FARMING
11. BIRTHPLACE (State or foreign country): WASHINGTON Co. MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: SAMUEL GEORGE
13b. MOTHER'S MAIDEN NAME: — MATLOCK
14. NAME OF HUSBAND OR WIFE: MINNIE GREENLEA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NONE
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-30-5591
17. INFORMANT'S SIGNATURE OR NAME: BILL GEORGE
ADDRESS: SULLIVAN, 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): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerotic Cardiovascular Disease — 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: 4221
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* Aug 3, 1953, *to* Feb 11, 1956, *that I last saw the deceased alive on* Feb 11, 1956, *and that death occurred at* 6:24 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert M. Crawford (Degree or title) MD
23b. ADDRESS: Sullivan Missouri
23c. DATE SIGNED: Feb 12 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-12-56
24c. NAME OF CEMETERY OR CREMATORY: Rose Cemetery
24d. LOCATION (City, town, or county) (State): RURAL, SULLIVAN, MO.

DATE REC'D BY LOCAL REG.: 2-12-56
REGISTRAR'S SIGNATURE: Thomas A. Hemphey 496
25. FUNERAL DIRECTOR'S SIGNATURE: H Weaton
ADDRESS: Sullivan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 J. G. Humphrey

Signed.....
Student Embalmer

Licensed Embalmer No. 4722

P.O. Address Sullivan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.