

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27866

STATE FILE NUMBER

FILED AUG 20 1956

Registration District No. 278 Primary Registration District No. 5953 Registrar's No. 113

300
1-56

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Indiana</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Buffalo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Indianapolis</u> <u>8130 S</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway # 54</u>		Length of stay in 1b in transit	d. STREET ADDRESS <u>2949 East 38th</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>GLENN</u> Middle <u>HUGH</u> Last <u>GEORGE</u>			4. DATE OF DEATH <u>AUG. 9, 1956</u> Month <u>AUG.</u> Day <u>9</u> Year <u>1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 17, 1891</u>
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HRS. Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Building Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building contractor</u>	11. BIRTHPLACE (City and state or country) <u>Indiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13. FATHER'S NAME <u>Hugh George</u>	
14. MOTHER'S MAIDEN NAME <u>Idus Leonard</u>		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>307-12-0384</u>		17. INFORMANT <u>William George</u> Address <u>Wichita, Kansas</u>	
18. CAUSE OF DEATH [Enter only one cause per line in (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Skull fracture</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u> </u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Automobile accident - one car</u>	
20c. TIME OF INJURY Hour <u>5:50</u> a. m. <u> </u> Month, Day, Year <u>Aug 9-1956</u>		Subject lost control - car overturned	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 54</u>	
20f. CITY, TOWN, OR LOCATION <u>Louisiana #2 Pike Mo.</u>		COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from _____ to _____ Death occurred at <u>5:50 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		and last saw him <u> </u> on <u>Aug 9-56</u>	
22a. SIGNATURE <u>J. M. Mudd, Coroner</u> (Degree or title)		22b. ADDRESS <u>Bowling Green, Mo.</u>	22c. DATE SIGNED <u>Aug 9-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8/10/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dishman Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Owensburg, Indiana</u>
24. FUNERAL DIRECTOR <u>Stenne Funeral Home, Louisiana, Mo.</u> ADDRESS <u> </u>		25. DATE RECD. BY LOCAL REG. <u>Aug 11, 1956</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>

AUG 22 1956

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..... *Virginia M. Sterne*

Licensed Embalmer No. 464

P. O. Address *Louisiana*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.