

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38890

State File No. ....

FILED OCT 23 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4504 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY OR TOWN <u>Advance</u>		c. CITY OR TOWN <u>Advance</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) <u>Advance, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - Advance, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>E.</u> c. (Last) <u>Venable</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12, 1957</u>	
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>Feb 17, 1908</u>	
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MEYCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>near Benton Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>G. W. Venable</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie VanDyke</u>		14. NAME OF HUSBAND OR WIFE <u>TOMAC VENABLE</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>332-047033</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>TOMAC VENABLE, ADVANCE MO</u>	

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) <u>Coronary Thrombosis</u>  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 <u>About 1 hour</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input 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 Oct 12, 1957, to Oct 12, 1957, that I last saw the deceased alive on Oct 12, 1957, and that death occurred at 12:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Mester</u>		(Degree or title) <u>Do. 2</u>		23b. ADDRESS <u>Advance Mo.</u>		23c. DATE SIGNED <u>Oct. 16, 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10/15/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU, MO</u>	
DATE REC'D BY LOCAL REG. <u>10/19/57</u>		REGISTRAR'S SIGNATURE <u>Bernice Moore</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mr. Lloyd S. Mays, Sr. Advance, Mo</u>			

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

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OCT 28 1961

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 *Wm. H. Mayan*.....  
Licensed Embalmer No. *4640*

P. O. Address *Advance, I*

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.