

FILED DEC 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45020**

BIRTH NO. _____ REG. DIST. NO. **167** PRIMARY REG. DIST. NO. **5698** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY Livingston			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Sampsel Twp		c. LENGTH OF STAY (In this place) 10 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Sampsel Township 0590		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 11 miles west Chillicothe			d. STREET ADDRESS (If rural, give location) 11 miles west Chillicothe		

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) HENRY c. (Last) BEST			4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 17 Feb. 1872	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Cameron, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Adam Best	13b. MOTHER'S MAIDEN NAME Amanda Sprague	14. NAME OF HUSBAND OR WIFE Mary Elizabeth Duckworth
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 M. R. #4 ADDRESS Mrs. Roy Tiberghian; Chillicothe, 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		INTERVAL BETWEEN ONSET AND DEATH 2 hours ? ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of stomach DUE TO (c) Chronic myocarditis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 151X	20. AUTOPSY? 2 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) m.	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 **Jan 4, 1950**, to **Dec 4, 1957**, that I last saw the deceased alive on **Dec 4, 1957**, and that death occurred at **10 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph F. Cole M.D. (Degree or title)	23b. ADDRESS Chillicothe Mo	23c. DATE SIGNED 12-5-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-5-57	24c. NAME OF CEMETERY OR CREMATORY Mooresville
24d. LOCATION (City, town, or county) (State) Mooresville, Missouri		

DATE REC'D BY LOCAL REG. 12/5/57	REGISTRAR'S SIGNATURE Frances B Neill	25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home; Chillicothe, Mo ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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VS AUG 26 1959

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

Student Embalmer

Signed

Elton G. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.