

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013713
State File No.

FILED APR 21 1958

REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 34

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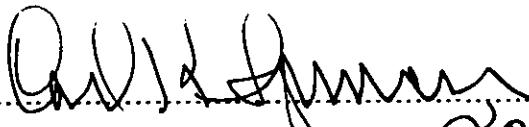
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) Salem		c. LENGTH OF STAY (In this place) 10 yrs	
c. CITY OR TOWN Salem		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Knox Nursing Home		e. STREET ADDRESS (If rural, give location) XX	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Washington c. (Last) Click			4. DATE OF DEATH (Month) (Day) (Year) April 13 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Sept 15 1884
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 11 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work or activity most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY general	11. BIRTHPLACE (City and State or Foreign Country) Dent Co Mo
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Butler Click	
13b. MOTHER'S MAIDEN NAME Catherine Nickles		14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. X	
17. INFORMANT'S SIGNATURE OR NAME Nora Pace		ADDRESS Salem 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.			INTERVAL BETWEEN ONSET AND DEATH 3 months
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Carcinoma			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - origin unknown			
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 1562	
20. AUTOPSY? <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input 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 11/3 , 19 57 , to 4/10 , 19 58 , that I last saw the deceased alive on 4/10 , 19 58 , and that death occurred at 7 A m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Walter Hart M.D.</i>		23b. ADDRESS Salem, Missouri	
23c. DATE SIGNED 4/15/58			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-15-58	
24c. NAME OF CEMETERY OR CREMATORY Green Forest Cen		24d. LOCATION (City, town, or county) (State) Dent Co Mo	
DATE REC'D BY LOCAL REG. 4/15/58		REGISTRAR'S SIGNATURE <i>M. M. Park, M. S. Ly...</i>	
FEDERAL DIRECTOR'S SIGNATURE <i>Walter Hart</i>		ADDRESS Salem Mo	

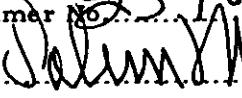
STATEMENT BY LICENSED EMBALMER

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. 2370

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.