

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035196

STATE FILE NUMBER

FILED SEP 26 1958

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 178

300
1-57

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Enroute to Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Charleston
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Sikeston Hosp.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Danforth St.
3. NAME OF DECEASED (Type or print) First Middle Last Edward Eugene George			4. DATE OF DEATH Month Day Year Sept. 5, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4/22/1937
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Gen. Trucking	11. BIRTHPLACE (City and state or country) Charleston, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Louis George	
13b. MOTHER'S MAIDEN NAME Arlena Franklin		14. NAME OF HUSBAND OR WIFE Helen Estes George	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) If yes, give war or dates Yes 9/8/54 to 3/1958		16. SOCIAL SECURITY NO. 496 38 7593	17. INFORMANT Address Mrs Helen George, Charleston, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Chest, entire Left Side Hematoma Rt. Occiput.			INTERVAL BETWEEN ONSET AND DEATH 15 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b). DUE TO (c).			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2 cars side-swiped. Lost control of car. Hit tree	
20c. TIME OF INJURY Hour Month, Day, Year ± 10:30 p.m. 9-5-58			
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.) R.F.D. Hwy # 60	20f. CITY, TOWN, OR LOCATION COUNTY STATE near Charleston Mississippi MO
21. I attended the deceased from First call after Death and last saw her alive on _____ Death occurred at about 10:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Shelma C. Buehthorpe, M.D. Health Officer		22b. ADDRESS Benton Sikeston, Mo.	22c. DATE SIGNED 9/5/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/8/1958	23c. NAME OF CEMETERY OR CREMATORY 100F Cemetery	23d. LOCATION (City, town, or country) (State) Charleston, Mo.
24. FUNERAL DIRECTOR NUNNELEE		25. DATE RECD. BY LOCAL REG. 9-20-58	26. REGISTRAR'S SIGNATURE Missella Hunter

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

DATE RECEIVED 9-22-58 SEP 26 1958

SCOTT CO. HEALTH DEPT.

CO. NO. 958-229

NOV 6 1958

SEP 22 1958

SEP 28 1958

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 *John F. Munnell Jr*

Licensed Embalmer No. 3851
P. O. Address Charleston,

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.