. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008341
STATE FILE NUMBER

FILED APR 3 1959 Registration District No. 13 Primary Registration District No. 5059 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Verona R-1 Ozark — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 12 Mile So. of Aurora — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Barry
c. CITY OR TOWN Verona Mo R-1 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 12 Miles South — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: George Middle: Last: David

4. DATE OF DEATH Month Day Year: March 21-1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Nov 4-1875

9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) McDonoghough County Ill

12. CITIZEN OF WHAT COUNTRY? U S a

13a. FATHER'S NAME John David

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Opal David

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Opal David Address Verona Mo R-1

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Congestive Heart Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from October 1956, to Mar. 21, 1959 and last saw him alive on March 21, 1959
Death occurred at 9:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. P. Bulick M.D.

22b. ADDRESS Aurora, Missouri

22c. DATE SIGNED 3-23-1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3/22/59

23c. NAME OF CEMETERY OR CREMATORY Leanna Cemetery

23d. LOCATION (City, town, or county) (State) Aurora Star Mo

24. FUNERAL DIRECTOR Oscar L. Marsh **ADDRESS** Aurora Mo

25. DATE RECD. BY LOCAL REG. 3-23-59

26. REGISTRAR'S SIGNATURE Mrs P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

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 REC. 3-31-51

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 Myself, Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Oscar L. Marsh

Licensed Embalmer No. 3812

P. O. Address Fresno Mo

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.