

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012369  
STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 455

300  
1-57

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1011 Felix		Length of stay in lb 35 years	d. STREET ADDRESS (If outside, give location) 1011 Felix		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Marcus Lee George Sr.			4. DATE OF DEATH Month Day Year May 1, 1959		
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 December 21, 1999	9. AGE (In years) 59 (birthdays)	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) Construction Worker		10b. KIND OF BUSINESS OR INDUSTRY Construction Crews		11. BIRTHPLACE (City and state or country) Fayetteville, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Garrett George		13b. MOTHER'S MAIDEN NAME Eda Hill		14. NAME OF HUSBAND OR WIFE Liberty K.	
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. 495-05-8447	17. INFORMANT Address Liberty K. George, St. Joseph, 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) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4001					INTERVAL BETWEEN ONSET AND DEATH Instant 6 Months
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 11-24-58 to 5-1-59 and last saw him alive on 3-21-59 Death occurred at 3:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) H.C. Senne MD			22b. ADDRESS 207 8th Bldg St. Joseph Mo		22c. DATE SIGNED 5-3-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 4, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet, Cemetery		23d. LOCATION (City, town, or country) (State) St. Joseph Missouri	
24. FUNERAL DIRECTOR H.O. Sidenfeder & Son 1161 N. St. Joseph, Mo.		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. May 4, 1959	26. REGISTRAR'S SIGNATURE Wm Clark Standell

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Dr. H.C. Senne

*same*

**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 ..... *N. William Davis* .....

Licensed Embalmer No. *4195* .....

P. O. Address. *St. Joseph, 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.