

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

=60-023935
State File No.

FILED VS JUN 27 1960

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE IOWA COUNTY Ringgold 8140 -	
b. CITY (If outside corporate limits, write RURAL and give township) Maryville		c. CITY (If outside corporate limits, write RURAL and give township) Redding	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hosp. 2		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Floyd c. (Last) Fertig			4. DATE OF DEATH (Month) (Day) (Year) June 20 1960		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 3 1887	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY Janitor School		11. BIRTHPLACE (State or foreign country) Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME John Fertig	13b. MOTHER'S MAIDEN NAME Mary Hutchison	14. NAME OF HUSBAND OR WIFE Blanch Fertig
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) X	16. SOCIAL SECURITY NO. 479-30-2647A	17. INFORMANT'S SIGNATURE OR NAME Mrs. Blanche Fertig	ADDRESS Redding Iowa
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 month
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 163X		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastasis to brain		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 31 1960, to June 20 1960, that I last saw the deceased alive on June 20 1960, and that death occurred at 5:35 P m., from the causes and on the date stated above.

23a. SIGNATURE D. E. Dunbar M.D.	(Degree or title)	23b. ADDRESS Maryville Mo.	23c. DATE SIGNED June 24 1960
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/22/60	24c. NAME OF CEMETERY OR CREMATORY Benton	24d. LOCATION (City, town, or county) (State) Benton Iowa

DATE REC'D BY LOCAL REG. 6-24-60	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE L. E. Shover	ADDRESS Miss G. J. p
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 28 1960

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 _____

Self

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *C. O. Rhoades*

Licensed Embalmer No. *4759*

P. O. Address *Mt. Airy, Iowa*

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.