

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5583

FILED FEB 25 1957

3743

STATE FILE NUMBER

Registration District No. 224

Primary Registration District No. 433T

Registrar's No. 20

I must be casually related. Coroner cannot certify to a death due to natural causes.
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 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
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1. PLACE OF DEATH a. COUNTY <i>Monticau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Monticau</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Linn Township</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Jamestown</i> 0680 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>DREW MILLARD GEORGE</i>			4. DATE OF DEATH Month Day Year <i>Feb 7 1957</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 1-1872</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <i>84 7 6</i>
13. FATHER'S NAME <i>Pal George</i>		11. BIRTHPLACE (City and state or country) <i>Stokes County N. Carolina</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>no no</i>		14. MOTHER'S MAIDEN NAME <i>Delphia Moore</i>	
16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT Address <i>Allen George, Jamestown Mo</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Inanition and Relitiation</i> <i>Cervicomediosis</i> DUE TO (b) <i>Gastric Carcinoma</i> DUE TO (c) <i>Gastric Carcinoma</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)			INTERVAL BETWEEN ONSET AND DEATH <i>4 months</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 WORK <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 <i>5-2-56</i> to <i>2-7-57</i> and last saw him alive on <i>1-26-57</i> Death occurred at <i>7:45 p. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>D. Young MD</i>		22b. ADDRESS <i>Jamestown, Mo</i>	
22c. DATE SIGNED <i>2-9-57</i>			
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY <i>Mount Zion Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Monticau County, Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Hugh E. Williams, California, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>2/12/57</i>	
26. REGISTRAR'S SIGNATURE <i>H. L. Poppey</i>			

(Licensed Embalmer's Statement on Reverse Side)

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 *Hugh E. Williams*

Licensed Embalmer No. *354*

P. O. Address *California*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**.
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.