

FILED MAR 10 1958

STANDARD CERTIFICATE OF DEATH

58-006528  
STATE FILE NUMBER

Registration District No. 221 Primary Registration District No. 5793 Registrar's No. 29

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Linn Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Jamestown</u> 068 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Linn Township</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>Reside on Farm</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>HENRY MARTIN GEORGE</u>			4. DATE OF DEATH Month Day Year <u>3-2-1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 11-1968</u>
9. AGE (in years last birthday) <u>90</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>1 17</u>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no.</u>	11. BIRTHPLACE (City and state or country) <u>North Carolina</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Powell George</u>	
13b. MOTHER'S MAIDEN NAME <u>Perry Shelton</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Potter</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>489-42-9677</u>	17. INFORMANT <u>Carl George</u> Address <u>Jamestown Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO (b) <u>Ascending Urinary Tract Infection 6 days</u> DUE TO (c) <u>Prostatic Hypertrophy</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>General advanced arteriosclerosis</u>			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.) <u>610X</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from <u>2-23-58</u> to <u>3-2-58</u> and last saw him alive on <u>3-1-58</u> Death occurred at <u>1:00</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. Young, D.D.</u> (Degree or title)		22b. ADDRESS <u>Jamestown Mo</u>	
22c. DATE SIGNED <u>3/3/58</u>		23. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>	
23a. BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-3-1958</u>	
23c. LOCATION (City, town, or county) <u>Jamestown - Moniteau Co.</u>		23d. (State)	
24. FUNERAL DIRECTOR <u>Hugh E. Williams</u> ADDRESS <u>California Mo</u>		25. DATE RECD. BY LOCAL DEP. <u>3/6/1958</u>	
26. REGISTRAR'S SIGNATURE <u>Helen L. Papezoy</u>		(Licensed Embalmer's Statement on Reverse Side)	

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 fitted. All diseases in Part I must be causally related.

MAR 14 1958

APR 17 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 *Hugh E Williams* .....

Licensed Embalmer No. *3537* .....

P. O. Address *California* .....

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.