

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041038

FILED VS NOV 23 1959

224

Primary Registration District No. 3046

Registrar's No. 95

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY Moniteau		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California		Length of stay in lb 75 yrs.		c. CITY OR TOWN California		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION In City				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS In City		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				First GEORGE		Middle HARTFORD		Last SHORE	
4. DATE OF DEATH				Month November		Day 10,		Year 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 10/31/1878		9. AGE (last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Telegrapher		10b. KIND OF BUSINESS OR INDUSTRY Railroad Telegraph Operator		11. BIRTHPLACE (City and state or country) North Carolina		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Fredrick Shore				13b. MOTHER'S MAIDEN NAME Castephens				14. NAME OF HUSBAND OR WIFE Nellie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				SOCIAL SECURITY NO. 702-14-4013 & Railroad		17. INFORMANT Address Mrs. Nellie Shore, California, 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) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH 1 hour	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m.		Month, Day, Year							
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 1954 to Nov 10, 1957 and last saw him alive on — Death occurred at 10:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Leonid M. Ballesteros MD				22b. ADDRESS California Mo.				22c. DATE SIGNED 11/12/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/12/1959		23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) California, Missouri		(State)	
24. FUNERAL DIRECTOR Hugh E. Williams, California, Missouri				25. DATE RECD. BY LOCAL REG. 11/12/59		26. REGISTRAR'S SIGNATURE Walter L. Popejoy			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS NOV 28 1959

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 Russell C. Maa

Licensed Embalmer No. 4804

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.