

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0018795

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 389 Primary Registration District No. 5161 Registrar's No. 151

VS 300
Rev. 4/59

1 0140

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH 65

a. COUNTY Callaway

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Bloomfield Length of stay in lb Years

c. FULL NAME OF (If NOT in hospital, give location) INSIDE LIMITS Home Yes No

d. STREET ADDRESS (If outside, give location) RESIDE ON FARM Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year

GRANVILLE Houston George MAY 13 65

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9/23/83 9. AGE (last birthday) 81

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER & shoe WORKER 10b. KIND OF BUSINESS OR INDUSTRY RETIRED 11. BIRTHPLACE (City and state or country) Russellville MO 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William George 13b. MOTHER'S MAIDEN NAME Sidney McKinney 14. NAME OF HUSBAND OR WIFE Stella George

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. 499-24-5539 17. INFORMANT MRS Carson Boyd Address New Bloomfield

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 INTERVAL BETWEEN ONSET AND DEATH 7 hrs

Conditions, if any, which gave rise to above cause(s), stating the underlying cause last. DUE TO (b) Coronary Heart Disease

DUE TO (c)

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 5/1/65 to 5/13/65 and last saw him alive on 5/13/65

Death occurred at 9:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Martha Lawrence MD 22b. ADDRESS Jefferson City Mo. 22c. DATE SIGNED 5/13/65

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 5/15/65 23c. NAME OF CEMETERY OR CREMATORY Center town Rene Center town 23d. LOCATION (City, town, or county) (State) MO

24. FUNERAL DIRECTOR ADDRESS Chappool Sea New Bloomfield 25. DATE RECD. BY LOCAL REG. May. 15-1965 26. REGISTRAR'S SIGNATURE Martha Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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 LeRoy Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfield 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.