

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13620

680
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FILED MAY 9 - 1952

BIRTH NO. _____ REG. DIST. NO. 921 PRIMARY REG. DIST. NO. 5793 Registrar's No.

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, write RURAL and give township) OR TOWN <u>RURAL LINN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LINN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR LUPUS MO.</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR LUPUS MO.</u>	

3. NAME OF DECEASED a. (First) <u>PHODA</u> (Type or Print) b. (Middle) <u>DELPHIA</u> c. (Last) <u>GEORGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 5 - 1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 4 - 1880</u>
9. AGE (In years last birthday) <u>71</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	
13a. FATHER'S NAME <u>GALE MOORE</u>		13b. MOTHER'S MAIDEN NAME <u>DONA SWINNEY</u>	
14. NAME OF HUSBAND OR WIFE <u>D.M. GEORGE</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Allie George Lupus</u>		ADDRESS <u>NEAR LUPUS MO.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
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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) <u>Linn twp, Moniteau MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 1, 1952, to May 5, 1952, that I last saw the deceased alive on May 5, 1952, and that death occurred at 8 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. H. Bacon</u> (Degree or title) <u>D.O. California, Mo.</u>		23b. ADDRESS <u>NEAR LUPUS MO.</u>		23c. DATE SIGNED <u>5/6/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 7 - 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. ZION</u>	
24d. LOCATION (City, town, or county) (State) <u>NEAR LUPUS MO.</u>					

DATE REC'D BY LOCAL REG <u>May 7 - 1952</u>		REGISTRAR'S SIGNATURE <u>Gada M. Snow</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. ALBERT HARBEC</u>	
				ADDRESS <u>PRATIE HOME MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 13 1957

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
Student Embalmer

Signed Ed. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home, 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 this body is not embalmed, fact should be so stated above.