

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4060

BIRTH NO. 49-006143 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 221

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) Genessee St. JOSEPH, Rural	
c. LENGTH OF STAY (In this place) 17 days		d. STREET ADDRESS (If rural, give location) Rural Route #4 Rts., City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Osteopathic Hosp			
3. NAME OF DECEASED (Type or Print) a. (First) RONNIE		b. (Middle) GUINN c. (Last) DEATHERAGE	
4. DATE OF DEATH (Month) (Day) (Year) 2 20 1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 2-3-1949
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert Deatherage Jr.		13b. MOTHER'S MAIDEN NAME Juanita Guinn	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Robert Deatherage Jr.		ADDRESS St. Joseph, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Foremen Cerebral Congenital ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 75-43 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Disruptive closure Foremen Cerebral Hemorrhagic Lung	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from February 17, 1949, to Feb. 20, 1949, that I last saw the deceased alive on Feb. 20, 1949, and that death occurred at 1:52 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Wesley M. Biedley</i>		23b. ADDRESS St. Joseph, Mo. 1022 1/2 Francis St.	
23c. DATE SIGNED Feb. 21-1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/22/1949	
24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. Feb 24, 1949		REGISTRAR'S SIGNATURE <i>E. O. Jenkins</i> 382 1/2 FUNERAL DIRECTOR'S SIGNATURE <i>John C. Rupp</i> ADDRESS St. Joseph, Mo.	

**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~~ \_\_\_\_\_

working under my personal supervision.

Signed .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed *John E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.