

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHBARNHAM
23256
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>142</u>		PRIMARY REG. DIST. NO. <u>4231</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE, (Where deceased lived. If institution: residence before admission).			
a. COUNTY Howell		b. CITY (If outside corporate limits, write RURAL and give town or township) Mountain View		c. LENGTH OF STAY (In this place) 5 years		a. STATE Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) Mountain View		d. STREET ADDRESS (If rural, give location)		b. COUNTY Howell	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) Louella		b. (Middle)		c. (Last) Derks		6. COLOR OR RACE F W	
(Type or Print)				7. DATE OF BIRTH May 14-1886		8. AGE (In years last birthday) 63	
5. SEX F W		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 14-1886	
9. AGE (In years last birthday) 63		10. MONTHS 2		11. DAYS 15		12. HOURS 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Niles, Michigan		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Ross L. Derks	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ross L Derks Mtn View, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Mitral Lesion					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				410X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>44</u> , to <u>July 29</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 29</u> , 19 <u>49</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Stanley Barnum D.O.				23b. ADDRESS Mountain View Mo		23c. DATE SIGNED Aug 2, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 31-49		24c. NAME OF CEMETERY OR CREMATORY Mtn View		24d. LOCATION (City, town, or county) (State) Mtn View, Mo.	
DATE REC'D BY LOCAL REG Aug-2-49		REGISTRAR'S SIGNATURE Laura Mitchell		25. FUNERAL DIRECTOR'S SIGNATURE 126		ADDRESS Duncan Funeral Home Mtn View, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

8-8-49

District Health Officer No. 5,

District File Number 849563

Date Filed 8-13-49

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

Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address Yonkers, N.Y.

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.