S. No. 300
10.48

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17467

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5755 Registrar's No. 14

0630

1. PLACE OF DEATH
a. COUNTY: Maries
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jackson Twp.
c. LENGTH OF STAY (In this place): 40yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Maries
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jackson Twp. 0630
d. STREET ADDRESS (If rural, give location): Vienna, Missouri.

3. NAME OF DECEASED (Type or Print): a. (First) Nancy b. (Middle) C. c. (Last) Deardeuff

4. DATE OF DEATH (Month) (Day) (Year): May 27, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 9, 1870
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 0 Days 18 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: housekeeping
11. BIRTHPLACE (State or foreign country): Boone Conuty, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Peter Hon
13b. MOTHER'S MAIDEN NAME: Susan Hampton
14. NAME OF HUSBAND OR WIFE: James Deardeuff unknown

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: Francis Barton, Valley Park, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of uterus — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid 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.

74X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/29/43, 19__, *to* 5/27/50, 19__, *that I last saw the deceased alive on* May 27, 1950, *and that death occurred at* 9:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: S. C. Howard (Degree or title) D.O. 2
23b. ADDRESS: Vienna, Missouri
23c. DATE SIGNED: 5/31/50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 29, 1950
24c. NAME OF CEMETERY OR CREMATORY: Vienna Cemetery
24d. LOCATION (City, town, or county) (State): Vienna, Mo.

DATE REC'D BY LOCAL REG.: 5-31-50
REGISTRAR'S SIGNATURE: Pauline Howard 1881
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] ADDRESS: Vienna, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 5 1950
District Health Officer No. 9,
District File Number

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 H. C. Brimingham

Licensed Embalmer No. 3664

P. O. Address Vienna, 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.