

FILED AUG 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26321**
Registrar's No. **36**

BIRTH NO. _____		REG. DIST. NO. 70		PRIMARY REG. DIST. NO. 4123		Registrar's No. 36			
1. PLACE OF DEATH a. COUNTY Clark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clark					
b. CITY (If outside corporate limits, write RURAL and give town) Wayland		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Wayland		d. STREET ADDRESS (If rural, give location) 0230			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS _____					
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) N.			c. (Last) DEER			
4. DATE OF DEATH (Month) (Day) (Year) Aug. 8, 1950		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married			
8. DATE OF BIRTH April 19-1883		9. AGE (In years) (Months) (Days) (Hours) (Min.) 67 3 29		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Marion Deer		13b. MOTHER'S MAIDEN NAME Lucinda Bailey			
14. NAME OF HUSBAND OR WIFE Mrs. Eva F. Deer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 498-07-8836		17. INFORMANT'S SIGNATURE OR NAME Mrs. Eva F. Deer ADDRESS Wayland, 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) Coronary heart attack ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Sclerosis of Coronary Arteries 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 4201	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input 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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE Perry S. Barton, D.O. (Degree or title)				23b. ADDRESS Coroner, Kahoka, Mo.		23c. DATE SIGNED 8-9-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 10-1950		24c. NAME OF CEMETERY OR CREMATORY Oakland Cem.		24d. LOCATION (City, town, or county) (State) Vincennes, Iowa			
DATE REC'D BY LOCAL REG. 8/19-1950		REGISTRAR'S SIGNATURE J. N. Bridges		25. FUNERAL DIRECTOR'S SIGNATURE Gettings, Fred ADDRESS Kahoka					

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

730
1

Date Received: **AUG 21 1950**

DISTRICT HEALTH OFFICE #2

District File Number **8-50-1370**

Date Filed: **AUG 22 1950**

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.

Student Embalmer No.

Signed _____

Oliver L. Luttinger

Student Embalmer No.

Student Embalmer

Licensed Embalmer No. **2965**

P. O. Address *Lawrence*

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.