

FILED DEC 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37935

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 5912 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Bernsart</u>		2. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bernsart</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Steele</u> c. LENGTH OF STAY (in this place) <u>4 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Steele</u> 0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veranda Lodge</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u> b. (Middle) <u>Deede</u> c. (Last) _____	4. DATE OF DEATH (Month) <u>12</u> (Day) <u>28</u> (Year) <u>50</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5-15-1909</u>	9. AGE (in years last birthday) <u>41</u> <u>6</u> <u>13</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Delaware Ark</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>John Deede</u>	13b. MOTHER'S MAIDEN NAME <u>Vada Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Irene Deede</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Deed on arrival</u>		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) <u>Probably Acute myocardial failure</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7824</u>

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) _____
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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? _____
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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 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Callahan J.D.</u> (Degree or title) _____	23b. ADDRESS <u>Steele, Mo</u>	23c. DATE SIGNED <u>12/4/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>11-28-50</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) <u>Russville Ark</u> (State) _____
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DATE REC'D BY LOCAL REG. <u>12-4-50</u>	REGISTRAR'S SIGNATURE <u>L. A. Robinson</u>	249	25. FUNERAL DIRECTOR'S SIGNATURE <u>Armon Tool Co Steele Mo</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

780

12-50-303

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

DEC 6 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 John H. German

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address St. Louis, 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.