

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29663

State File No.

FILED SEP 26 1951

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 2173 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Summit Twp.)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Summit Twp.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi North Cedar City</u>		<u>3 mi North Cedar City</u>	

3. NAME OF DECEASED (Type or Print) <u>Jane Collier Deering DEERING</u>			4. DATE OF DEATH <u>Sept 14-51</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>March 14 1886</u>		9. AGE (In years last birthday) <u>65</u>		10. UNDER 1 YEAR Days <u>6</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Bole County Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frances Asbury Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Railton</u>	
14. NAME OF HUSBAND OR WIFE <u>Joseph Hirtley Deering</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy D. Deering</u>		ADDRESS <u>Holt Summit, Mo.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Died suddenly from aortic aneurysm</u>		ANTECEDENT CAUSES			
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Arterio sclerosis</u>			
		DUE TO (c) <u>hypertension</u>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Probable a Thrombosis</u>			
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)	
				<u>Summit Twp. Callaway Mo</u>	
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 April 4th 1951, 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 (Degree or title) <u>W. S. Barrett, Coroner</u>		23b. ADDRESS <u>Fulton Mo</u>		23c. DATE SIGNED <u>9/14/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept. 16-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Holt Summit Mo</u>		DATE REC'D BY LOCAL REG. <u>Sept. 14-51</u>		REGISTRAR'S SIGNATURE <u>L. Roy Clempool</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Lt. Clempool</u>		ADDRESS <u>New Bloomfield Mo.</u>			

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

DISTRICT HEALTH OFFICE NO. 1

SEP 21 1951

RECEIVED

MAY 12 1954

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 LeRoy Cleypool

Licensed Embalmer No. 4412

P. O. Address New Bedford 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.