U.S. No. 300
Rev. 10-48

FILED MAR 5 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5115

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 43

0191 0

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

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville
c. LENGTH OF STAY (in this place): 47 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Freeman 0190 0
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): a. (First) Lue b. (Middle) Zora c. (Last) Deshazer

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22-1953

5. SEX: Fe
6. COLOR OR RACE: Wh.
7. ~~MARRIED~~, NEVER MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): Widowed
8. DATE OF BIRTH: Mar. 28-1869
9. AGE (In years last birthday): 83 — If under 1 year: Months / Days — 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: —
11. BIRTHPLACE (City and State or Foreign Country): Harrison Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William Elder
13b. MOTHER'S MAIDEN NAME: Jane - ??
14. NAME OF HUSBAND OR WIFE: John Deshazer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): Non
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Geo. Deshazer Freeman ADDRESS: 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): Cardiac decompensation followed by Cardiac arrest
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis —
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: 1 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4500
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* Jan 1, 1947, *to* Feb. 22, 1953, *that I last saw the deceased alive on* Feb. 22, 1953, *and that death occurred at* 4:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward S. Jones, MD
23b. ADDRESS: Harrisonville, Mo
23c. DATE SIGNED: 2-24-53

24a. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial
24b. DATE: Feb 24-53
24c. NAME OF CEMETERY OR CREMATORY: West Union Cem
24d. LOCATION (City, town, or county) (State): Near Cleveland.

DATE REC'D BY LOCAL REG.: Feb 24, 1953
REGISTRAR'S SIGNATURE: Dora Garnard 4572
25. FUNERAL DIRECTOR'S SIGNATURE: Edmundson Bros ADDRESS: Harrisonville, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 28
CASS COUNTY
HEALTH DEPARTMENT

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 Floyd A. Thomas
Licensed Embalmer No. 3920
P. O. Address Harrisonville 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.