No. 300
10.48

1272

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

5249

State File No.

Rec'd FEB 16 1953

BIRTH NO. REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 29

**1. PLACE OF DEATH**
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville, 1272
d. STREET ADDRESS (If rural, give location): 311 McRoberts

**3. NAME OF DECEASED** (Type or Print)
a. (First): Stella
b. (Middle):
c. (Last): Deskin

**4. DATE OF DEATH** (Month) (Day) (Year): Feb. 11th, 1953

**5. SEX:** Female
**6. COLOR OR RACE:** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH:** Sep. 28th, 1875
**9. AGE** (In years last birthday): 77 — If under 1 year: Months 4, Days 13; If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): At Home
**10b. KIND OF BUSINESS OR INDUSTRY:**
**11. BIRTHPLACE** (City and State or Foreign Country): Indiana
**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME:** Samuel Paul
**13b. MOTHER'S MAIDEN NAME:** Annie Grey
**14. NAME OF HUSBAND OR WIFE:** George C. Deskin

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.:** #
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS:** Paul Deskin, Boonville, Mo.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arterio Sclerotic Heart Disease c decompensation — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arterio - sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS. *Conditions contributing to the death but not related to the disease or condition causing death.*: Senility

**19a. DATE OF OPERATION:**
**19b. MAJOR FINDINGS OF OPERATION:** 4200
**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* Feb, 19 53 *to* Feb 11, 19 53, *that I last saw the deceased alive on* 2/11, 19 53, *and that death occurred at* 6.00 p m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): M L Dieckmann M.D.
**23b. ADDRESS:** Boonville Mo
**23c. DATE SIGNED:** 2/13/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE:** 2-14th, 1953
**24c. NAME OF CEMETERY OR CREMATORY:** Deskin
**24d. LOCATION** (City, town, or county) (State): Near Moberly, Mo.

DATE REC'D BY LOCAL REG. 2-13-53
REGISTRAR'S SIGNATURE: B G Hooper 381
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS:** Mahan and Son, Moberly, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.