

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

24194

State File No.

FILED AUG 11 1953

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5270 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Lincoln</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clever</u>	
c. LENGTH OF STAY (in this place) <u>3 Yrs. +</u>		d. STREET ADDRESS (If rural, give location) <u>No Street Address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Home of Daughter Mrs. Gratz King</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Zeta</u> b. (Middle) <u>Alabama</u> c. (Last) <u>Deeds</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 1953</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 6-1871</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____	
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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 <u>---</u>			11. BIRTHPLACE (State or foreign country) <u>Jumping Branch, W. Virginia</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>William Meador</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Virginia Guinn</u>			14. NAME OF HUSBAND OR WIFE <u>Francis Lee Deeds</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gratz King, Rt.1, Clever, Mo.</u>				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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal anemia - severe.</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>leukemia.</u>							
		DUE TO (c) <u>446X</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pericarditis Acute.</u>						<u>Years</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 1941 to July 15, 1953, that I last saw the deceased alive on July 10, 1953, and that death occurred at 1045p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A.P. Coetzee M.D.</u>		23b. ADDRESS <u>Amara, Mo.</u>		23c. DATE SIGNED <u>7-17-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 17-'53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wise Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clever, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 1, 1953</u>		REGISTRAR'S SIGNATURE <u>Aline Dier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>		ADDRESS <u>Clever, Mo.</u>	
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(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 _____

John Alan Harris

Licensed Embalmer No. *4390*

P. O. Address _____

Cleveland, 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.