

No. 300
10-48*

FILED DEC 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39960

State File No. _____

0630
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5964 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Parkville</u>	c. LENGTH OF STAY (If institution) <u>148</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Parkville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Tamblyn Road.</u>		d. STREET ADDRESS (If rural, give location) <u>Tamblyn road.</u>	
3. NAME OF DECEASED (First) <u>Frank</u> (Middle) <u>Westfall</u> (Last) <u>Deardoff</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 6-1953</u>	
5. SEX <u>Male</u>	6. COLOR OF HAIR <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 28 1889</u>
9. AGE (In years last birthday) <u>64</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>P.O. Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Post Office Dept.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jusscola Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>Ill.</u>	13a. FATHER'S NAME <u>Dan. C. Deardoff</u>	13b. MOTHER'S MAIDEN NAME <u>Ana Westfall</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Deardoff</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>W.W.I.</u>	16. SOCIAL SECURITY NO. <u>W.W.# 1.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Riley</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BLED TO DEATH</u> *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>RIGHT WRIST SLASHED WITH KITCHEN KNIFE</u>		19. INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E977X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>PETTIS PLATTE MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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 _____, _____, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Roland M. Giffey, Coroner</u>		23b. ADDRESS <u>Platte City, Mo.</u>	23c. DATE SIGNED <u>12-6-53</u>
24a. CREMATION, if cremated (Specify) <u>Cremation</u>	24b. DATE <u>Dec 10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>
DATE REC'D BY LOCAL REG. <u>Dec 9-1953</u>	REGISTRAR'S SIGNATURE <u>Alphina Ballinger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Selaud J. Francis</u>	ADDRESS <u>Parkville Mo</u>

