

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4270**

BIRTH MONTH **FILED FEB 26 1954** REG. DIST. NO. **60** PRIMARY REG. DIST. NO. **2235** Registrar's No. **23**

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

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, S. Benton	c. LENGTH OF STAY (in this place) 60 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerico Springs, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) CHARLIE SAMUEL DEARDORF			4. DATE OF DEATH (Month) (Day) (Year) 2-12-1954		
a. (First)	b. (Middle)	c. (Last)			

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-13-1875		9. AGE (in years last birthday) 79	IF UNDER 1 YEAR Months 0 Days 30	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Harmon	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Fayetteville, Ark.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME JACOB R DEARDORF	13b. MOTHER'S MAIDEN NAME SARAH E WALKER	14. NAME OF HUSBAND OR WIFE CLARA B DEARDORF
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Julie Rector, Jerico Spgs, Mo		ADDRESS
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18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 2 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis		6 years
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 **Oct 10, 1953** to **2-12, 1954**, that I last saw the deceased alive on **Feb 12, 1954**, and that death occurred at **12:40 Am.**, from the causes and on the date stated above.

23a. SIGNATURE J B Bannister, MO (Degree or title)	23b. ADDRESS Jerico Springs, Mo	23c. DATE SIGNED 12-13-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2-14-1954	24c. NAME OF CEMETERY OR CREMATORY Brush Cemetery	24d. LOCATION (City, town, or county) (State) 3 miles N.W. Jerico, Mo.
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DATE REC'D BY LOCAL REG. 2-24-54	REGISTRAR'S SIGNATURE Norma Timmer	25. FUNERAL DIRECTOR'S SIGNATURE Wm. D. Long	ADDRESS Jerico Spgs, Mo
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(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1959

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 Robert P. Long

Licensed Embalmer No. 3714

P. O. Address Meriden Conn. 7th

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.