

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2464**
Registrar's No. **1087**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Indiana b. COUNTY Vanderburgh	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo.	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN Evansville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL 0		STREET ADDRESS (If rural, give location) 81308	

3. NAME OF DECEASED (Type or Print) a. (First) James	b. (Middle) Harry	c. (Last) Deakin	4. DATE OF DEATH (Month) (Day) (Year) February 4, 1955
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 5 - 1903
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate	9b. KIND OF BUSINESS OR INDUSTRY Owner	9. AGE (In years last birthday) 52	10. CITIZEN OF WHAT COUNTRY? U.S.A.

11. BIRTHPLACE (City and State or Foreign Country) Evansville, Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Deakin	13b. MOTHER'S MAIDEN NAME June Brownlee	14. NAME OF HUSBAND OR WIFE Margaret Deakin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.	16. SOCIAL SECURITY NO. Nil.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Deakin, Evansville, Ind.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 4 Does not mean cause of dying, such as pneumonia, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal failure and Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Aneurysm of the left common iliac artery with rupture and menorrhage		1 month unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) Arterio sclerosis		

19a. DATE OF OPERATION 2/1/55	19b. MAJOR FINDINGS OF OPERATION as above	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 452x

22. I hereby certify that I attended the deceased from **Jan. 23, 1955**, to **Feb. 4, 1955**, that I last saw the deceased alive on **Feb. 4, 1955** and that death occurred at **6:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. D. Vermillion, M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 2/4/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-5-55	24c. NAME OF CEMETERY OR CREMATORY Local
24d. LOCATION (City, town, or county) (State) Evansville, Ind.		

DATE REC'D BY LOCAL REG. FEB 5 1955	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.
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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.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....

3749
Licensed Embalmer No.

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.