

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12096

State File No. ....

FILED APR 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6189 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY OR TOWN <u>Walnut Shade</u>		c. CITY OR TOWN <u>Walnut Shade</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>Rural - Rt 106<sup>th</sup></u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fareesa</u> b. (Middle) <u>John</u> c. (Last) <u>Deveraux</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-2-56</u>		
--	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>May 10 - 1883</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 24 HRS. Days _____ Hours _____ Min. _____
----------------------	---------------------------	--	---------------------------------------	---	-------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home wife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Panama, Colo. MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
---	--	--	--	--	--	--	--

13a. FATHER'S NAME <u>Daniel C. Vanderveer</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Cumming Deveraux</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Hayward</u>			
--	--	--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walnut Shade, MO Mrs. Harry Hayward</u>			
---	--	-----------------------------------	--	--	--	--	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
		ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Lobar Pneumonia</u>		<u>1 day</u>	
				DUE TO (c) <u>arteriosclerosis</u>		<u>1 yr</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
--	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from Nov 51, 1951, to 4/1, 1956, that I last saw the deceased alive on 4/1, 1956, and that death occurred at 1255 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul Roberts D.O.</u>		23b. ADDRESS <u>Keanson MO</u>		23c. DATE SIGNED <u>4-256</u>	
---	--	--------------------------------	--	-------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-3-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Helfery</u>		24d. LOCATION (City, town, or county) (State) <u>Taneyville MO</u>	
---	--	-------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>4/12/56</u>		REGISTRAR'S SIGNATURE <u>Helen Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Whitabel Funeral Home</u>		ADDRESS <u>Keanson MO</u>	
---	--	---	--	---	--	---------------------------	--

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 *Morris J. Wheeler*

Licensed Embalmer No. *22*

P. O. Address *Benson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.