

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 27 1957

State File No. **28745**

BIRTH NO. **124** REG. DIST. NO. **004** PRIMARY REG. DIST. NO. **5747** Registrar's No. **48**

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) MAYOULAND RURAL		c. CITY OR TOWN MAYOULAND MO RURAL	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Will b. (Middle) E c. (Last) DEAS		4. DATE OF DEATH (Month) (Day) (Year) 8-12-1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9-7-1896
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER	
11. BIRTHPLACE (City and State or Foreign Country) MAYOULAND, MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME W D DEAS		13b. MOTHER'S MAIDEN NAME FLORENCIA Robbins DELLA DEAS	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs DELLA DEAS MAYOULAND MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis		II. ANTECEDENT CAUSES Hypertension			
*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 444X YES <input 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) m.		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 **Jan 1st 1957**, to **Aug 12th 1957**, that I last saw the deceased alive on **Aug 12th 1957**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edna Crites M.D.		23b. ADDRESS Redgwinchville		23c. DATE SIGNED 8/13/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8/15/57		24c. NAME OF CEMETERY OR CREMATORY New Masonic Cem	
24d. LOCATION (City, town, or county) MADISON MO		24e. (State) M			

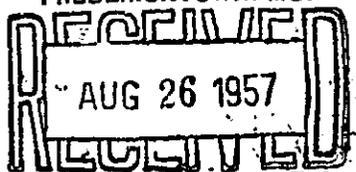
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 8-16-1957 Florence Ricker		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W H Man Maynard Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3.300
0.48

7.0

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 257-50

MAY 21 1958

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 Raymond B. Wilson

Licensed Embalmer No. 488

P. O. Address Fredericktown

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.