

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020961

STATE FILE NUMBER 712

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 712

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph 6113
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hosp.		Length of stay in 1b	d. STREET ADDRESS 2134 South 9th
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JOHN DE ROIN			4. DATE OF DEATH Month Day Year July 2 1958	
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5. SEX male 4	6. COLOR OR RACE American Indian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 15, 1884	9. AGE (In years last birthday) 73	10. FUNDER 1 YEAR Months Days	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) ret. farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) White Cloud, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Beone DeRoin	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Lillie McBee DeRoin
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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) no	16. SOCIAL SECURITY NO. 510-20-5175	17. INFORMANT Chaney-Hodges-Sharrar Funeral Home Address Fall City, Neb.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Heart Failure Arteriosclerotic Cardiovascular disease DUE TO (b) 260X DUE TO (c) Arteriosclerotic-Diabetic gangrene left foot SWK		INTERVAL BETWEEN ONSET AND DEATH approx 5 mi ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not leading to the primary disease or injury given in PART I (a) Diabetes duration undated (min) Surgery - Amputation of left leg below knee 7-1-58		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Death occurred at 6-20-58 11:10a. to 7-2-58 and last saw him alive on 7-2-58		and last saw him alive on 7-2-58	
22a. SIGNATURE Wm B. Rost MD (Degree or title)		22b. ADDRESS 316 N. 10th St Joseph Mo	22c. DATE SIGNED 7-2-58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 7/2/1958	23c. NAME OF CEMETERY OR CREMATORY Olive Branch Cemetery	23d. LOCATION (City, town, or county) (State) Fall City, Nebr.
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24. FUNERAL DIRECTOR Norton-Bourman	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. July 2, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *3195 1/2 St. ...*

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.