

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018368
STATE FILE NUMBER

FILED MAY 29 1959

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 143

300
-57

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hale, 0170 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Susans Nursing Home		Length of stay in 1b 4 months	d. STREET ADDRESS RFD (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Percival Middle Jay Last Deardorff.			4. DATE OF DEATH Month May Day 20, Year 1959
5. SEX M	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 6th, 1867
9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months 11 Days 14	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Iowa
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Wm Wiley Deardorff,	
13b. MOTHER'S MAIDEN NAME Lydda Catherine Nau		14. NAME OF HUSBAND OR WIFE Azuba Daugherty	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 489-44-2095A	
17. INFORMANT Carl Deardorff,		Address Hale, Mo.	
18. CAUSE OF DEATH (Enter only one cause or line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 10 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractured hip 2-25-1957			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4222F	
20c. TIME OF INJURY Hour _____ 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
21. I attended the deceased from 4-30-1958 to 5/20/59 and last saw ^{the} him alive on May 20-1959 Death occurred at 11:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE McQuinn D.O.		(Degree or title) 2	22b. ADDRESS Chillicothe
22c. DATE SIGNED 5-23-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/23/1959	23c. NAME OF CEMETERY OR CREMATORY Elizabeth Cemetery	23d. LOCATION (City, town, or county) (State) Hale, Missouri.
24. FUNERAL DIRECTOR Clifford W. Austin Funeral Home		ADDRESS Hale, Missouri.	25. DATE RECD. BY LOCAL REG. 5/23/59
26. REGISTRAR'S SIGNATURE Frances B Neill			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 W. Justice*
Licensed Embalmer No. *3233*
P. O. Address *Tena Mesa*

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.