

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-045660**

Registration District No. 237 Primary Registration District No. 4353 Registrar's No. I STATE FILE NUMBER

AMENDED

**FILED JAN 4 1962**

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gideon</u>		Length of stay in Ib <u>20 yrs</u>	c. CITY OR TOWN <u>Gideon, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>In Gideon</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE RAYMOND DERBY</u>			4. DATE OF DEATH Month Day Year <u>12-21-1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-20-1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Editor Newspaper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>	9. AGE (last birthday) <u>64</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) <u>Battle Creek, Mich</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ed Derby</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Lake</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW I</u>	
16. CAUSE OF DEATH (Enter only one cause per line for <u>1</u> condition) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Apoplexia</u> DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			17. INFORMANT <u>Guy Derby</u> Address <u>Gideon, Mo.</u> INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitis</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour a.m. p.m. <u>9 a.m.</u> Month, Day, Year <u>Jan 2/61</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Gideon Mo. New Madrid</u>
21. I attended the deceased from <u>Dec. 21/61</u> to <u>Dec. 21/61</u> and last saw him alive on <u>12/21/61</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Print name or title)		22b. ADDRESS <u>Gideon Mo.</u>	22c. DATE SIGNED <u>Dec 24 1961</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-24-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cem. Clarkston, Mo.</u>	23d. LOCATION (City, town or county) (State) <u>Clarkston, Mo.</u>
24. FUNERAL DIRECTOR <u>Clayd Russell Kiggott</u> ADDRESS <u>Clarkston, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-3-62</u>	26. REGISTRAR'S SIGNATURE <u>Mrs F J Hopkins</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

JAN 9 1962

Permit renewed  
1-3-62

**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 Lloyd Russee

Licensed Embalmer No. 509-94

P. O. Address Piggott, Mo.

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.