

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038983

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1285

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 5117  
2 5117  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF L.H. Pifer, M.D. MEDICAL CERTIFICATION

FILED NOV 12 1963	
1. PLACE OF DEATH	
a. COUNTY <b>Buchanan</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>	Length of stay in 1b <b>23 years</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Josephs Hospital</b>	d. STREET ADDRESS (If outside, give location) <b>1702 Seneca St.</b>
3. NAME OF DECEASED (Type or print) <b>WENDLE LEE DEATHERAGE</b>	
4. DATE OF DEATH <b>October 20, 1963</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/8/1888</b>
9. AGE (last birthday) <b>75</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>
11. BIRTHPLACE (City and state or country) <b>Agency, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>John Deatherage</b>	13b. MOTHER'S MAIDEN NAME <b>Ann unknown</b>
14. NAME OF HUSBAND OR WIFE <b>Bertha</b>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>
16. SOCIAL SECURITY NO. <b>[redacted]</b>	17. INFORMANT <b>Mrs. Bertha Deatherage, St. Joseph, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>PULMONARY EDEMA</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <b>CARDIAC DECOMPENSATION</b>	
DUE TO (c) <b>ARTERIO-SCLEROTIC HEART DISEASE</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.	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 <b>OCT 19, 1963</b> to <b>OCT 20, 1963</b> and last saw him alive on <b>OCT. 20, 1963</b> Death occurred at <b>1:30 a.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS <b>1301 FARRON, ST. JOSEPH</b>
22c. DATE SIGNED <b>10-24-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>10/22/1963</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Agency Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Agency Missouri</b>
24. FUNERAL DIRECTOR <b>Heaton Bowman</b>	25. DATE RECD. BY LOCAL REG. <b>Nov. 7, 1963</b>
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

Permit issued 10-22-63

2118  
2112  
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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 Eugene Wood  
Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St Joseph, 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.