

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047823

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 139 Primary Registration District No. 4225 Registrar's No. 97

STATE FILE NUMBER

VS 300
Rev. 4/59

10440

20030

3

4 1

5 2

6

7 0

8 2

9 331x

10

11

12 86-0

13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Oregon</u>		c. CITY OR TOWN <u>Fairfax</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Brown Nursing Home</u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>Ida</u> Middle <u>Belle</u> Last <u>Deardorff</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>29</u> , Year <u>1963</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/30/1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In the home</u>	11. BIRTHPLACE (City and state or country) <u>Cedar County, Mo.</u>
13a. FATHER'S NAME <u>George W. Long</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Gliddens</u>	14. NAME OF HUSBAND OR WIFE <u>Amos Deardorff</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Everett Deardorff ; Fairfax, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL HEMORRHAGE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>ESSENTIAL HYPERTENSION</u>			<u>4 YEARS.</u>
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 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. Month, Day, Year _____		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 <u>MARCH '61</u> to <u>Dec 63</u> and last saw her/him alive on <u>Dec 29, 63</u> Death occurred at <u>6:03</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Howard E. Coeblin</u>		22b. ADDRESS <u>Oregon, Mo.</u>	22c. DATE SIGNED <u>12/31/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Dec. 31, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>	23d. LOCATION (City, town, or county) (State) <u>Fairfax, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Schooler Funeral Home; Fairfax, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-3-1964</u>	26. REGISTRAR'S SIGNATURE <u>J. Maltbrown</u>

USE BLACK INK OR TYPEWRITER RIBBON

15317

0410
0209
1
2
0
2

STATEMENT BY LICENSED EMBALMER

0-28

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by James W. Schooler, Student Embalmer No. 714

working under my personal supervision.

Student James W. Schooler
Signature of Student Embalmer

Signed Marvin H. Schooler

Licensed Embalmer No. 4162

P. O. Address Jarvis, Missouri

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.