

S. No. 2
8-13
5-17-39
X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18386**
Registrar's No. **6-1**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 11 1947
Registration District No. **280**

Primary Registration District No. **4423**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Platte**
(b) City or town **Weston**
(c) Name of hospital or institution: **no**
(d) Length of stay: In hospital or institution **no**
In this community **entire life**

2. USUAL RESIDENCE OF DECEASED:
(a) State **West Mo.** (b) County **Platte**
(c) City or town **Weston**
(d) Street No. **0**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Elizabeth Deatherage**
3. (b) If veteran, name war **XX**
3. (c) Social Security No. **XX**

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Robert L. Deatherage**
6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **Jan 24 1886**

8. AGE: Years **61** Months **3** Days **28**
If less than one day hr. min.

9. Birthplace **Buchanan Co. Missouri**

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Wm. Dothard Blackstone**
13. Birthplace **Buchanan Co. Missouri**
14. Maiden name **Sarah Elizabeth Hearst**
15. Birthplace **Buchanan Co. Missouri**

16. (a) Informant **Charles Deatherage**
(b) Address **Stover, Missouri**

17. (a) **Burial** (b) Date thereof **May 24-47**
(c) Place: burial or cremation **Graceland Cemetery**

18. (a) Signature of funeral director **Vaughn Funeral Home**
(b) Address **Weston, Missouri**

19. (a) **May 26-47** (b) **Mrs. Ophia Rollins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **22** year **1947** hour **4** minute **P** M.
21. I hereby certify that I attended the deceased from **April 17** to **May 22**, 19**47**;
that I last saw her alive on **May 22**, 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Manic depressive insanity, mixed type. Mild delirium.**
Due to **Perhaps chronic worrying with nervous exhaustion.**
Due to **XXX**

Other conditions **XXX**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**
Of autopsy **None**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **None**
(b) Date of occurrence **XXX**
(c) Where did injury occur? **XXX**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **XXX**

23. Signature **Lewis P. Colver** (M. D. co-signer)
Address **Weston Mo.** Date signed **5/23/44**

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W. P. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston 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 this body is not embalmed, fact should be so stated above.