

No. 2
-12-45
5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39282

FILED DEC 12 1947

State File No. _____

Registration District No. 275

Primary Registration District No. 4443

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Huntsville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
310 East Clay Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Alice I. Derigne

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 14 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	8	19	hr. _____ min.

9. Birthplace Randolph County - Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Peter Derigne

13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Long

15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earnest Riley

(b) Address Huntsville, Missouri

17. (a) burial (b) Date thereof 12/4/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo.

19. (a) Dec - 6-1947 (b) Mrs. P.A. Barnhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Huntsville
(If outside city or town limits, write "RURAL")

(d) Street No. 310 East Clay Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3
year 1947 hour 5:30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1, 1940, to Dec 2, 1947
that I last saw her alive on Dec 2, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Chronic myocarditis</u>	<u>2 yr</u>
Due to <u>arterio-sclerosis</u>	<u>10 yr</u>
Due to _____	_____
Other conditions (include pregnancy within 3 months of death)	_____

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Dr. Dreyer (M. D. or other) MD

Address Huntsville, Mo. Date signed 12.5.47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10
District File Number 12-47-1682
Date Filed DEC 1 0 1947

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, W.

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.