FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 4 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 1809

Registration District No. 273 | Primary Registration District No. 4327 | Registrar's No.

1. PLACE OF DEATH:
(a) County: Miller
(b) City or town: Iberia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Miller 66
(c) City or town: Iberia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Stephen McKinley Dearduff
3. (b) If veteran, name war .....
3. (c) Social Security No. 491-24-1505
4. Sex: Male
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: Oct. (Month) 7 (Day) 1896 (Year)
8. AGE: Years 51 | Months 3 | Days 21 | If less than one day ..... hr. ..... min.
9. Birthplace: Iberia (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business .....
FATHER
12. Name: Stephen Dearduff
13. Birthplace: Ohio (City, town, or county) (State or foreign country) /
MOTHER
14. Maiden name: Melissa Conkey
15. Birthplace: Ohio (City, town, or county) (State or foreign country) /
16. (a) Informant: Theresa Smith
(b) Address: Iberia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Bethany - Iberia, Mo.
18. (a) Signature of funeral director: Lorah L. Adams
(b) Address: Iberia, Mo.
19. (a) Jan. 30-48 (Date received local registrar) (b) Jessie Perkins (Registrar's signature) 105

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th year 1948 hour 4 minute 00 P.M.
21. I hereby certify that I attended the deceased from June 1939, to January 28th 1948 that I last saw him alive on January 28th 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Multiple myeloma | years |
| Due to: | |
| Due to: | |
| Other conditions: Prostatic hypertrophy (Include pregnancy within 3 months of death) | years |

Major findings:
Of operations .....
Of autopsy: 137A

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place) 2
While at work? ..... (e) Means of injury .....
23. Signature: Wm. A. Gould (M. D. or other) DO.
Address: Iberia, Mo. Date signed 1/29

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 24

## 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 Loran L. Adams

Licensed Embalmer No. 4207

P. O. Address Sheva, 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.**