

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14883**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 615

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived - If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph,</u>	
c. LENGTH OF STAY (In this place) <u>25 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1017 Lincoln St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1017 Lincoln St.</u>		d. STREET ADDRESS (If rural, give location) <u>1017 Lincoln St.</u>	

3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) <u>Daniel</u> c. (Last) <u>Deeringer</u>			4. DATE OF DEATH (Month) <u>May</u> (Day) <u>28</u> (Year) <u>1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>8/19/1879</u>	9. AGE (In years last birthday) <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>n</u>	11. BIRTHPLACE (State or foreign country) <u>Nortonville Kans.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				

13a. FATHER'S NAME <u>John Deeringer</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Noyer</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Streeter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rose Biddings</u>	ADDRESS <u>Grand Spawling Muskotah Kans.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>4/20/1</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Man apparently died suddenly while alone in his home without any previous serious illness or disability. He had been dead several days before the body was found.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Victim</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5/28, 1949, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. J. Mundy M.D.</u>	(Degree or title) <u>3 (Coroner)</u>	23b. ADDRESS <u>404 So 3d St</u>	23c. DATE SIGNED <u>5/28/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/3/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nortonville</u>	24d. LOCATION (City, town, or county) (State) <u>Kan.</u>

DATE REC'D BY LOCAL REG. <u>June 4, 1949</u>	REGISTRAR'S SIGNATURE <u>Ch. G. Jenkins</u>	382	25. FUNERAL DIRECTOR'S SIGNATURE <u>Reaton Bowman</u>	ADDRESS <u>General St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{note}embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *314 So 10th St, Joplin*

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.