

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

10440

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY OR TOWN <u>Union Township</u>	c. LENGTH OF STAY (in this place) <u>4 mo.</u>	c. CITY OR TOWN <u>Cadet, R. 1. Mo (Union Twp)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cadet Rural R. 1. Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Cadet, R. 1.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>R</u> c. (Last) <u>Degonia</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 24 1874</u>
9. AGE (In years last birthday) <u>72</u>	if UNDER 1 YEAR: Months <u>2</u> Days <u>20</u>	if UNDER 24 Hrs. Hours <u></u> Mins. <u></u>	11. BIRTHPLACE (State or foreign country) <u>Washington County, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Louis Degonia</u>	13b. MOTHER'S MAIDEN NAME <u>Alvina Boyer</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Degonia</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>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Everett Degonia</u> ADDRESS <u>Cadet R. 1. Mo</u>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs -</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer right side of face.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		19IX	

19a. DATE OF OPERATION <u>May 1948</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cancer right side of face.</u>	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from no physician, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph L. Thurman, M.D. coroner</u> (Degree or title)	23b. ADDRESS <u>Potosi, Mo.</u>	23c. DATE SIGNED <u>5-16-1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-17-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joachim's Center, Old Mines, Mo.</u>
24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert Rudolph Boyer</u> ADDRESS <u>Funeral home Potosi, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5/16/49</u>	REGISTRAR'S SIGNATURE <u>Hubert Rudolph Boyer</u>	

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

RECEIVED

Health Officer No. 4

File Number 549-692

Date Filed 5-23-49

DEPT. OF HEALTH  
MAY 2 1949

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *Mary M. Smith*

Licensed Embalmer No. 4394

P. O. Address *Potosi, 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.