

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 1949

State File No. 33801
4425

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1007</u>		Registrar's No. <u>4425</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>8 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2602 Quincy</u>				d. STREET ADDRESS (If rural, give location) <u>2602 Quincy</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u>			b. (Middle) <u>ANN</u>		c. (Last) <u>DEATON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 16, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 29, 1879</u>		9. AGE (In years last birthday) <u>70</u> If under 1 year: Months _____ Days _____ If under 11 hrs: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Rochester, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John B. Shreve</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah McCulley</u>		14. NAME OF HUSBAND OR WIFE <u>Daniel E. Deaton</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>***</u>		16. SOCIAL SECURITY NO. <u>****</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Donald Littlefield K.C. 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>8-14</u> , 19 <u>49</u> , to <u>8-25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-25</u> , 19 <u>49</u> , and that death occurred at <u>1:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>George Feist</u> (Degree or title) <u>Geraldine Holmes M.D.</u>				23b. ADDRESS <u>707 Professional Bldg</u>		23c. DATE SIGNED <u>10-17-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct 19 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-17-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C. L. Foster</u>		ADDRESS <u>K.C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Res. 217 West 67th. Terr.
JH-4345

11 AM.

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 _____

~~Joe B. Yoder Clayton K. Barnes~~ Student Embalmer No. 348

working under my personal supervision.

Student Clayton K. Barnes
Student Embalmer

Signed Joe B. Yoder
Licensed Embalmer No. 4173

P. O. Address KC. 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.