S. No. 300
v. 10.48

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

FILED NOV 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37938

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5748 Registrar's No. 70

1. PLACE OF DEATH
a. COUNTY: MADISON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MINE LA MOTTE
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mine La Motte, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: TEXAS
b. COUNTY: YOAKUM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DENVER City
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): J.
c. (Last): DESHAZER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 9, 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: DEC. 28, 1916
9. AGE (In years last birthday): 32 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): OKLAHOMA
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: LACY HARRIS
13b. MOTHER'S MAIDEN NAME: OLIVIA DESHAZER
14. NAME OF HUSBAND OR WIFE: CLEO DESHAZER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: CHESLEY HARRIS — **ADDRESS**: PADUCAH, Kentucky

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) Coroners Jury verdict: DECEASED came to his death by either injuries sustained in collision or from five in a collision on highway 61-67 about three miles North of

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Fredericktown, Mo. at about 12:25 A.M.
DUE TO (c) Automobile accident

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 8 hrs 26

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP): Mine La Motte — (COUNTY): Madison — (STATE): Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 9, 1949 12:25 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Automobile Accident

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 12:25 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Sam Sajin, Jr. Coroner, Madison Co. Mo.
23b. ADDRESS: Fredericktown, Mo.
23c. DATE SIGNED: 11-10-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-12-49
24c. NAME OF CEMETERY OR CREMATORY: SKIATOOK
24d. LOCATION (City, town, or county) (State): SKIATOOK, OKLAHOMA

DATE REC'D BY LOCAL REG.: 11-10-1949
REGISTRAR'S SIGNATURE: Florence Wilson
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Sam Sajin, Jr. Fredericktown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

...ED 11-16-49

...ct Health Officer No. 4

...s Fict File Number 1149-15

Date Filed

NOV 18 1949

DEC 6 1949

NOV 17 1949

NOV 30 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 Em[illegible]r

Signed Sam Seijun, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, N

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.