

FILED NOV 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38303

8210

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4423 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <b>Platte</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Weston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Weston</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>none</b>		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED a. (First) <b>Robert</b> b. (Middle) <b>L</b> c. (Last) <b>Deatherage</b>			4. DATE OF DEATH <b>11-3-49</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>12-28-49</b>
9. AGE (In years last birthday) <b>79</b>		10. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	11. BIRTHPLACE (State or foreign country) <b>DeKalb Co. Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>A. M. Deatherage</b>		13b. MOTHER'S MAIDEN NAME <b>Martha</b>	14. NAME OF HUSBAND OR WIFE <b>Eliz. Blackston</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Charles Deatherage Stover, Mo.</b> ADDRESS _____
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ch. Myocarditis Cystitis Prostatic Hypertrophy</b> ANTECEDENT CAUSES DUE TO (b) <b>Prostic Hypertrophy Cystitis, and</b> DUE TO (c) <b>Pyelitis.</b> 2. OTHER SIGNIFICANT CONDITIONS <b>Difficult Urination, Oedema and Shortness of breath</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Operation for prostatic obstruction 10 yrs. ago</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>XX</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>XX</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>XXX</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>XXX</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>XXXX</b>	
22. I hereby certify that I attended the deceased from <b>Oct. 15, 1949</b> , to <b>Oct. 31, 1949</b> , that I last saw the deceased alive on <b>Oct. 31, 1949</b> , and that death occurred at <b>XXX m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Paul A. Solwert M.D.</b> (Degree or title)		23b. ADDRESS <b>Weston, Mo.</b>	23c. DATE SIGNED <b>11/9/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>11-7-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Graceland</b>	24d. LOCATION (City, town, or county) (State) <b>Weston, Mo.</b>
DATE REC'D BY LOCAL REG. <b>11-7-49</b>	REGISTRAR'S SIGNATURE <b>Alpha Roelins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>257</b> ADDRESS <b>Clara's Funeral Home Weston Mo</b>	

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

RECEIVED NOV 15 7  
District Health Officer No. 8,

District File Number \_\_\_\_\_  
Date Filed 11-17-49

DEC 21 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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Winston

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.