

FILED JUN 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22456

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>4490</u>		Registrar's No. <u>96</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blodgett</u>		c. LENGTH OF STAY (In this place) <u>5 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blodgett</u>		<u>1600</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) <u>Not numbered</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u>			b. (Middle) <u>DAVID</u>		c. (Last) <u>DEASON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1950</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>Oct. 12, 1889</u>		9. AGE (In years, last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>4</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Blytheville, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME (D.K.) <u>Deason</u>			13b. MOTHER'S MAIDEN NAME <u>Sally Stewart</u>		14. NAME OF HUSBAND OR WIFE <u>Lela Victoria Deason</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Deason Blodgett, Missouri</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>Hemorrhage, cerebral</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u>					Unknown	
	DUE TO (c) <u>Hypertension</u>					Unknown	
	II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					<u>331X</u>	
19a. DATE OF OPERATION <u>---</u>		19b. MAJOR FINDINGS OF OPERATION <u>-----</u>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Not applicable</u>		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 <u>June 6, 1950</u> , to <u>June 16, 1950</u> , that I last saw the deceased alive on <u>June 12, 1950</u> and that death occurred at <u>4:45 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John M. Collins</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Stallcup Bldg., Sikeston, Missouri</u>		23c. DATE SIGNED <u>6/17/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 18, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blodgett Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Blodgett, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>June 19, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward E. Annule</u>		ADDRESS <u>Charleston</u>	

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

RECEIVED JUN 26 1950
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 650-65

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 _____

J. M. Munnellee

Licensed Embalmer No. 4413

P. O. Address Charleston, 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.