

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23152

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5358 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Colfax Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Colfax Township</u>	
c. LENGTH OF STAY (In this place) <u>3 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2 Miles North Kidder, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Miles North Kidder, Mo.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>Nathaniel</u> c. (Last) <u>Deaton</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>Dec. 9 1875</u>	
9. AGE (In years last birthday) <u>74</u> 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>		11. BIRTHPLACE (State or foreign country) <u>Falls City, Nebraska</u>	
11. BIRTHPLACE (State or foreign country) <u>Falls City, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Deaton</u>		13b. MOTHER'S MAIDEN NAME. <u>Mary Davison</u>	
14. NAME OF HUSBAND OR WIFE <u>Elizabeth Deaton</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elizabeth Deaton, Kidder, Mo.</u> 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>	
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) _____		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>May 22 1950</u> , to <u>May 25 1950</u> , that I last saw the deceased alive on <u>May 25, 1950</u> , and that death occurred at <u>10:15 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Chas. Kinnes</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Cameron Mo</u>	
23c. DATE SIGNED <u>7-24-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7-26-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Gallatin, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.O. Fisher</u> ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>27 July 1950</u>		REGISTRAR'S SIGNATURE <u>Terquinn M. Engelhardt</u>	

0310

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

Chas Kinnes
Cameron



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 _____

working under my personal supervision.

Student Embalmer No.

Signed

L. O. Richardson

Signed.....

Student Embalmer .

Licensed Embalmer No. *3302*

P. O. Address *Callaway, 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.