

FILED JAN 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

070

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

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>	
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Harvey</u>	
c. (Last) <u>Deerwester</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8, 1951</u>	
5. SEX <u>M. D</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>Feb 14, 1898</u>
9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>24</u>	IF UNDER 1 HR. Hours <u>1</u> Min. <u>1</u>	11. BIRTHPLACE (State or foreign country) <u>Bates Co., Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoery Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alva Deerwester</u>		13b. MOTHER'S MAIDEN NAME <u>Flora Hall</u>	
14. NAME OF HUSBAND OR WIFE <u>Divorced</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>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leo Deerwester-Butler, Mo</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>345X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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>11-3</u> , 1950, to <u>Jan 8</u> , 1951, that I last saw the deceased alive on <u>Jan 8th</u> , 1951, and that death occurred at <u>5:25 pm.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. D. Lott, M.D.</u>		23b. ADDRESS <u>Butler, Mo.</u>	
23c. DATE SIGNED <u>1-10-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan. 10, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>		DATE REC'D BY LOCAL REG. <u>Jan. 10-51</u>	
REGISTRAR'S SIGNATURE <u>Arnold Kury</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver-Underwood-Butler, Mo.</u>	
ADDRESS _____		ADDRESS _____	

RECEIVED 1-15-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-15-51

FILED
JAN 15 1951
DISTRICT HEALTH OFFICE

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 Harace H. Hill

Signed
Student Embalmer

Licensed Embalmer No. 4743

P. O. Address Butler, Missouri

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.