No. 300
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FILED JUN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20700

BIRTH NO. _____ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 5691 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Jefferson)
c. LENGTH OF STAY (In this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 miles W. of Laclede Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Jefferson) 0560
d. STREET ADDRESS (If rural, give location): 5

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): L
c. (Last): DEEKE

4. DATE OF DEATH (Month) (Day) (Year): 6 17 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3-9-1882
9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months 3 Days 8 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: agriculture
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William
13b. MOTHER'S MAIDEN NAME: (unknown) Henges
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: _____
17. INFORMANT'S SIGNATURE OR NAME: Louis Deeke
ADDRESS: Laclede Mo.

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) Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

ANTECEDENT CAUSES

Morbid 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. 181X

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 7, 1951, *to* June 17, 1951, *that I last saw the deceased alive on* June 16, 1951, *and that death occurred at* 1:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. H. Potter
(Degree or title): DO.
23b. ADDRESS: Brookfield Mo.
23c. DATE SIGNED: 6-17-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 17-1951
24c. NAME OF CEMETERY OR CREMATORY: Arlington Heights
24d. LOCATION (City, town, or county) (State): Arlington Heights Ill.

DATE REC'D BY LOCAL REG.: June 17-1951
REGISTRAR'S SIGNATURE: Chas. A. Martens 169
25. FUNERAL DIRECTOR'S SIGNATURE: Brothers Funeral Home
ADDRESS: Laclede Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 31 1962

Date Received: JUN 25 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-1145
Date Filed: JUN 25 1951

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.

Signed W R Wright

Signed.....
Student Embalmer

Licensed Embalmer No. 4655

P. O. Address Laclede, 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.