

NO. 300
10.48

FILED NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37096

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>141</u>	PRIMARY REG. DIST. NO. <u>3025</u>	Registrar's No. <u>65</u>
1. PLACE OF DEATH a. COUNTY <u>Howell</u> <u>0461</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>		
b. CITY OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>West Plains</u> <u>0461</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Regood Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>Lincoln Ave D</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wiley</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Deavers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-15-51</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>W</u>	8. DATE OF BIRTH <u>12-11-1870</u>	9. AGE (In years last birthday) <u>85</u> 10. MONTH <u>7</u> 11. DAY <u>7</u> 12. HOURS <u>4</u> 13. MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired) <u>News Editor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Gov Bray</u>		13b. MOTHER'S MAIDEN NAME <u>Patsy Sweet</u>		14. NAME OF HUSBAND OR WIFE <u>Geo Deavers</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Geo Deavers</u> ADDRESS <u>West Plains Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure (myocarditis)</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>with Hypertension, Chronic - severe</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____		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>2 Sept</u> , 19 <u>51</u> , to <u>15 Sept</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2 Sept</u> , 19 <u>51</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Beulah M. A.</u>		23b. ADDRESS <u>West Plains, Mo</u>		23c. DATE SIGNED <u>OCT 1 - 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>1</u>		24b. DATE <u>9-17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Honeo Hill</u>
24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>				
DATE REC'D BY LOCAL REG. <u>11-5-51</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> <u>379</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u> ADDRESS <u>West Plains Mo</u>

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

NOV 10 1951

Dist. File

1151-1976

Date Filed

11-14-51

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.....

D. S. Robertson

Licensed Embalmer No.

3437

P. O. Address.....

West Plains

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.