

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43783

State File No. 51

FILED DEC 20 1951

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>4513</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Millan</u>		c. LENGTH OF STAY (in this place) <u>89 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Millan</u> <u>1050</u>		d. STREET ADDRESS (If rural, give location) <u>D</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emily</u>		b. (Middle) <u>M.</u>	c. (Last) <u>Deering</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-9-1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10-17-1862</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Days <u>1</u> Hours <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Sullivan Co. - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>John's Dunlap</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Ann Young</u>	14. NAME OF HUSBAND OR WIFE <u>Columbus Deering (dead)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Will Dunlap</u>	ADDRESS <u>Millan - Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Senile changes</u>					✓
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	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.				
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>794x</u>			
22. I hereby certify that I attended the deceased from <u>12-6</u> , 19 <u>51</u> , to <u>12-9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-8</u> , 19 <u>51</u> , and that death occurred at <u>1:20</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Ed. Simpson</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Millan Mo</u>		23c. DATE SIGNED <u>12-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-11-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Millan Mo</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 14 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u> <u>320</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Daughter Schoenes</u>		ADDRESS <u>Millan - Mo</u>

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

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APR 8 1955

Date Received: DEC 17  
DISTRICT HEALTH OFFICE  
District File Number /2-  
Date Filed: DEC 18 1955

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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..... *Dwight Schone* .....

Licensed Embalmer No. *2667* .....

P. O. Address *Ulan - W.* .....

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.