

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9258

State File No.

83

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Madaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marionville Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock - Part Mo 0030</u>	
c. LENGTH OF STAY (In this place) <u>2 1/2 days</u>		d. STREET ADDRESS (If rural, give location) <u>rural - six miles north</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Ann</u> c. (Last) <u>Derracott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 25 - 1952</u>
---	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 9 1899</u>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>52 9 27</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Limestone, Tenn</u>	12. CITIZEN OF WHAT COUNTRY?
----------------------	-------------------------------	---	-------------------------------------	--	---	--	------------------------------

13a. FATHER'S NAME <u>Rella Lander</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Yarbrough</u>	14. NAME OF HUSBAND OR WIFE <u>Mr. Jesse Derracott</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jesse Derracott</u> ADDRESS <u>Rock, Part 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		INTERVAL BETWEEN ONSET AND DEATH
---	-----------------------	--	----------------------------------

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Coma</u>	DUE TO (b) <u>Diabetes mellitus - untreated</u>	DUE TO (c)
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260x</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 3/23/52, to 3/23/52, that I last saw the deceased alive on 3/23/52, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Wiedemeyer, M.D.</u> (Degree or title)	23b. ADDRESS <u>Marked Mo.</u>	23c. DATE SIGNED <u>3/26/52</u>
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>May 27 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linder Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rock, Part Mo</u>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>4-1-52</u>	REGISTRAR'S SIGNATURE <u>Leslie Holt</u>	229	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. E. Bestman</u> ADDRESS <u>Rock, Part Mo</u>
--	--	-----	--

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

742

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.....

C. E. Buttram..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *C. E. Buttram*.....

Licensed Embalmer No. *1764*.....

P. O. Address *Beek Port 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.