

FILED APR 21 1952

STANDARD CERTIFICATE OF DEATH

State File No. 13808

BIRTH NO. REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 4409 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, write RURAL and give township) Newburg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Phelps
c. CITY (If outside corporate limits, write RURAL and give township) Newburg 0770
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED
a. (First) HENRY b. (Middle) ALEXANDER c. (Last) DESKINS
4. DATE OF DEATH (Month) (Day) (Year) Apr 3 1952

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Dec 18 1864 9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months 3 IF UNDER 12 HRS. Hours 15

10a. USUAL OCCUPATION (Give kind of work done during 1/2 of working life even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Marion County Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Deskins 13b. MOTHER'S MAIDEN NAME Evoline Spredling 14. NAME OF HUSBAND OR WIFE Winnie Deskins

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

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver
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. None

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION 1561 20. AUTOPSY? YES NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No 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 [] NOT WHILE AT WORK []
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24th, 1952, to April 3, 1952 that I last saw the deceased alive on Apr 2, 1952, and that death occurred at 3 A.M., from the causes and on the date stated above.

23a. SIGNATURE R. B. Brewer MD (Degree or title) 23b. ADDRESS Newburg Mo 23c. DATE SIGNED 4-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Apr 5 1952 24c. NAME OF CEMETERY OR CREMATORY Newburg 24d. LOCATION (City, town, or county) (State) Newburg Mo

DATE REC'D BY LOCAL REG. Apr 14, 1952 REGISTRAR'S SIGNATURE Nadine L. Stoll 380 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dee Johnson Newburg Mo

(Licensed Embalmer's Statement on Reverse Side)

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

County Health Officer,
County File Number
Date Filed 4-18-52

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 Lee Johnson

Signed.....
Student Embalmer

Licensed Embalmer No. 3392

P. O. Address Newburg 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.