

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21178

State File No.

FILED JUL 14 1952

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 199

644
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> | | c. LENGTH OF STAY (in this place) | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> | | d. STREET ADDRESS (If rural, give location) <u>526 Walnut</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 526 Walnut</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>David C.</u> b. (Middle) <u>Deavers</u> c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 24, 1952</u> |
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|--------------------|-------------------------------|--|---|---|--|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>May 17, 1864</u> | 9. AGE (in years last birthday) <u>88</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>7</u> | IF UNDER 24 HRS. Hours <u>7</u> Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steamfitter</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Pittsfield Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> |
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| 13a. FATHER'S NAME <u>John Deavers</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary McCann</u> | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. G.A. Bauer</u> | ADDRESS <u>505 Walnut Hannibal Mo.</u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asterio sclerotic Heart Disease</u> | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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|--|--|----------------------------|
| 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 June 20, 1952, to June 24, 1952, that I last saw the deceased alive on June 20, 1952, and that death occurred at 1:30 Pm., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Robert Lanning M.D.</u> | 23b. ADDRESS <u>Hannibal, Mo</u> | 23c. DATE SIGNED <u>6/24/52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u> | 24b. DATE <u>6/28/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u> | 24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u> |
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|--|--|---|-------------------------------------|
| DATE REC'D BY LOCAL REG. <u>6-30-52</u> | REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Fisher</u> | ADDRESS <u>Hannibal Missouri</u> |
|--|--|---|-------------------------------------|

JUL 8 1952

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED

JUL 10 1952

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

John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal 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.