

FILED JUL 1 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21339

BIRTH NO. _____ REG. DIST. No. 250 PRIMARY REG. DIST. No. 5850 Registrar's No. 8

074
1

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Nodaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. <u>MO.</u> COUNTY <u>Nodaway</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Washington</u> | | c. LENGTH OF STAY (in this place) <u>10 yrs.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Washington</u> | |
| | | d. STREET ADDRESS (If rural, give location) <u>South east of Guilford</u> | |

| | | | |
|--|-------------------------------|--|--------------------------------------|
| 3. NAME OF DECEASED a. (First) <u>Louis</u> b. (Middle) <u>Kenneth</u> c. (Last) <u>Derks</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 1952</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH <u>Dec. 29 1941</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>child</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Nodaway County Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. SA</u> | |

| | | |
|--|---|---|
| 13a. FATHER'S NAME <u>Lucian Derks</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Brady</u> | 14. NAME OF HUSBAND OR WIFE <u>none</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>none</u> | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mr Lucian Derks Guilford 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>accidental drowning</u> | | |
| | ANTECEDENT CAUSES Morbidity 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. <u>E9291 42</u> | | | |

| | | |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>no operations 174</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|---|--|

| | | |
|---|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accidental drowning</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>home pond</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington Nodaway MO</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 19 52 11:30 A</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>drowning in farm pond</u> |

22. I hereby certify that I attended the deceased from not attended, 1952, that I last saw the deceased alive on June 19 1952, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|---|----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Dr. E. J. Coroner</u> | 23b. ADDRESS <u>Maryville Mo</u> | 23c. DATE SIGNED <u>6-20-52</u> |
|---|----------------------------------|---------------------------------|

| | | | |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6/21/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Columba</u> | 24d. LOCATION (City, town, or county) (State) <u>Conception, MO</u> |
|---|--------------------------|---|---|

| | | |
|---|---|---|
| DATE REC'D BY LOCAL REG. <u>June 24</u> | REGISTRAR'S SIGNATURE <u>Mrs. E. J. Breshaw</u> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Clayton H. Phillips, Stouffville MO</u> |
|---|---|---|

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 _____

Leroy H. Phillips

Licensed Embalmer No. _____

1898

P. O. Address _____

Stoumeny, 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.