

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 State File No. **37543**

 BIRTH NO. **DEC 15 1952**

 REG. DIST. NO. **9**

 PRIMARY REG. DIST. NO. **JD 17** Registrar's No. **94**

1. PLACE OF DEATH a. COUNTY <b>Andrew</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Andrew</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL NEAR SAVANNAH</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL NEAR SAVANNAH</b>		d. STREET ADDRESS (If rural, give location) <b>0020</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ford Nursing Home</b>					
3. NAME OF DECEASED a. (First) <b>William</b> b. (Middle) <b>Robert</b> c. (Last) <b>Deakins</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-2-1952</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>9-17-1868</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Andrew Co. Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>William R. Deakins</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Oliver</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Sherman Breit 3121 St. Louis</b>		
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>C'decl. degeneration</b> DUE TO (c) <b>-</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4222</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>March</b> , 1949, to <b>December</b> , 1952, that I last saw the deceased alive on <b>Nov. 29</b> , 1952, and that death occurred at <b>3:30 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Ronald O. Breit</b> (Degree or title)			23b. ADDRESS <b>Savannah Mo</b>		23c. DATE SIGNED <b>12-3-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>12-5-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SAVANNAH</b>		24d. LOCATION (City, town, or county) (State) <b>SAVANNAH MO</b>	
DATE REC'D BY LOCAL REG. <b>12-8-52</b>	REGISTRAR'S SIGNATURE <b>Lillian Breit</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Breit Funeral Home Savannah Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

 020  
4

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.