

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36891

State File No.

3. No. 300
V. 10.48

0590

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

FILED OCT 20 1953

BIRTH NO. REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND TWP RURAL 2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HEARROLD CONVALESCENT HOME</u>		d. STREET ADDRESS (If rural, give location) <u>R. 2, D. 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LULA</u> b. (Middle) <u>NAOMI</u> c. (Last) <u>DERSTLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 19 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>OCT. 24 1883</u>		9. AGE (In years last birthday) <u>69</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Newton County, Mo.</u>		

13a. FATHER'S NAME <u>JONATHAN HANKS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY F. DAVIDSON</u>		14. NAME OF HUSBAND OR WIFE <u>ROBERT DERSTLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Louis Quattley</u> ADDRESS <u>Richmond, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>arterio-sclerosis?</u> 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>331X</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) _____		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 OCT 8 - 1953 to OCT 10 - 1953, that I last saw the deceased alive on OCT 10 - 1953 and that death occurred at 11:30 PM., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Gray M.D.</u> (Degree or title)		23b. ADDRESS <u>Richmond Mo.</u>		23c. DATE SIGNED <u>10-13-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>10-14-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Richmond Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Knipshild & Breckelmyer</u> ADDRESS <u>Harding, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>10/14-1953</u>		REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Knipshild & Breckelmyer</u> ADDRESS <u>Harding, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

NOV 30 1954

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 August Borcharding

Licensed Embalmer No. 4678

P. O. Address Hardin, 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.