No. 300
10-48

FILED NOV 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39839

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 4376 Registrar's No. 21

0740
1

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

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Conception Jct Mo.
c. LENGTH OF STAY (in this place): 65 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home Conception Jct, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo. b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Conception Jct, Mo. 0740
d. STREET ADDRESS (If rural, give location): " " "

3. NAME OF DECEASED (Type or Print)
a. (First): John Henry b. (Middle): c. (Last): Derks

4. DATE OF DEATH (Month) (Day) (Year): Nov. 17 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan 10 1888
9. AGE (In years last birthday): 65 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Faming
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Gentry Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Theodore Derks
13b. MOTHER'S MAIDEN NAME: Johanna Lamis
14. NAME OF HUSBAND OR WIFE: Veronica L. Derks Jct, Md

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.: 489-36-0543
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Veronica Derks ADDRESS: Conception

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 MINS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Disease — 9 Mos.
DUE TO (c) Arteriosclerosis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
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* Sept. 25, 1953, *to* Nov. 17, 1953, *that I last saw the deceased alive on* Nov. 16, 1953, *and that death occurred at* 10.20a, *from the causes and on the date stated above.*

23a. SIGNATURE: Paul J. Kadull (Degree or title): M.D.
23b. ADDRESS: Conception Jct., Mo.
23c. DATE SIGNED: 11/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11/19/53
24c. NAME OF CEMETERY OR CREMATORY: St. Columba
24d. LOCATION (City, town, or county) (State): Conception Mo.

DATE REC'D BY LOCAL REG.: 11-17-53
REGISTRAR'S SIGNATURE: Mrs Elza Crenshaw 370-0
25. FUNERAL DIRECTOR'S SIGNATURE: Latory F. Phillips ADDRESS: Stanberry Md

(Licensed Embalmer's Statement on Reverse Side)

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 J. Phillips

Licensed Embalmer No. 1898

P. O. Address Stoneham Mass

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.