

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43654**
Registrar's No. **3**

BIRTH NO. _____ REG. DIST. NO. **210** PRIMARY REG. DIST. NO. **4321**

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer	
b. CITY OR TOWN Mercer		c. CITY OR TOWN Mercer	
c. LENGTH OF STAY (in this place) 74 yrs.		d. STREET ADDRESS (If rural, give location) Own Home	

3. NAME OF DECEASED (Type or Print) Jacob Agile Derry			4. DATE OF DEATH Nov. 22, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 23, 1879	9. AGE (In years last birthday) 74	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Jacob Derry	13b. MOTHER'S MAIDEN NAME Sarah Brummett	14. NAME OF HUSBAND OR WIFE Mary A. Derry
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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. None	17. INFORMANT'S SIGNATURE OR NAME William R. Hells	ADDRESS Mercer Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure		INTERVAL BETWEEN ONSET AND DEATH 10 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage		30 min.
	DUE TO (c) Hypertensive Cerebrovascular Disease		10 years
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	20. AUTOPSY? 443 X 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)
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 Dec. 1946, to Nov. 22, 1953, that I last saw the deceased alive on Nov. 22, 1953, and that death occurred at 9:35 P. m., from the causes and on the date stated above.

23a. SIGNATURE Geo. J. Dawson M.D. (Degree or title)	23b. ADDRESS Box 98 - New Mission	23c. DATE SIGNED Dec. 1, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 24, 1953	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Mercer County Mo.
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DATE REC'D BY LOCAL REG. 1-11-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Lineville Ia.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0650

0650

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 *James L. Greider*

Licensed Embalmer No. 2967

P. O. Address *Linnville La*

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.