

FILED JAN 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3801

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>369</u>		PRIMARY REG. DIST. NO. <u>4538</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>WAYNE</u> <u>1110</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WAYNE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PIEDMONT</u>		c. LENGTH OF STAY (In this place) <u>55yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PIEDMONT</u> <u>1110</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>DEVEIRT</u> c. (Last) <u>STREET</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 19 1954</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>1898</u> <u>APR. 26, 1898</u>	
9. AGE (In years last birthday) <u>55</u>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>8 23</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PIEDMONT, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PIEDMONT, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRANK STREET</u>		13b. MOTHER'S MAIDEN NAME <u>HANNAH RUBLE</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA STREET</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>488-28-7950</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BERTHA STREET</u> <u>PIEDMONT</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Prostate</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) _____				INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
		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? 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) <u>177 X</u>			
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 <u>Jan. 1923</u> to <u>Jan. 19 1954</u> , that I last saw the deceased alive on <u>Jan. 19 1954</u> , and that death occurred at <u>2A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. E. Tamm</u>		23b. ADDRESS <u>Piedmont Mo</u>		23c. DATE SIGNED <u>1-19-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 21, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RUBLE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>PIEDMONT MO</u>	
DATE REC'D BY LOCAL REG <u>Jan. 21, 1954</u>		REGISTRAR'S SIGNATURE <u>Hazel Ward</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>460-0 Harmon W. Bush</u>		ADDRESS <u>Piedmont Mo</u>	

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

RECEIVED

JAN 22 1954

WAYNE CO. HEALTH CENTER

FILE No. 154-4

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 _____

me Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Marvin E. Bowler

Licensed Embalmer No. 4426

P. O. Address Piedmont

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.