

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **4429**

No. 300
10-48

BIRTH NO. **FILED MAR 9 1954** REG. DIST. NO. **101** PRIMARY REG. DIST. NO. **4173** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN #9111#99# Ava		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN #9111#99# Ava	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0340	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Rose	b. (Middle)	c. (Last) Degase	4. DATE OF DEATH (Month) (Day) (Year) 2-4-54
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-23-77	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Harrison, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Connley	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE James Degase
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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 Lizzie Fletcher, Squires, Mo.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Arterio Sclerosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____		
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? 4211 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)
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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?
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22. I hereby certify that I attended the deceased from **1-18**, 19**48**, to **2-4**, 19**54**, that I last saw the deceased alive on **2-3**, 19**54**, and that death occurred at **8:30A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. O. E. Harker	23b. ADDRESS Ava Mo	23c. DATE SIGNED 2-10-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-6-54	24c. NAME OF CEMETERY OR CREMATORY Clark	24d. LOCATION (City, town, or county) (State) Fbil, Missouri
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DATE REC'D BY LOCAL REG Mar 6-54	REGISTRAR'S SIGNATURE Wesley Bushman	25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard	ADDRESS Funeral Home, Ava, Mo.
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Chester P. Paaf

Licensed Embalmer No. *3044*

P. O. Address *Ma 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.