

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 468 Registrar's No. 36

1. PLACE OF DEATH

a. COUNTY DeKalb

b. CITY (If outside corporate limits, write RURAL and give town) Maysville

c. LENGTH OF STAY (In this place) 5 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY DeKalb

c. CITY (If outside corporate limits, write RURAL and give township) Maysville

d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED

a. (First) FRANK b. (Middle) _____ c. (Last) DAFFRON

4. DATE OF DEATH (Month) (Day) (Year)
May 20 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH May 2 1862

9. AGE (In years last birthday) 92 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 18 Hrs. _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Edgerton Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Joseph Daffron

13b. MOTHER'S MAIDEN NAME Mary Ann Vinyard

14. NAME OF HUSBAND OR WIFE Mary E. Daffron

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. _____

17. INFORMANT'S SIGNATURE OR NAME Iva Daffron ADDRESS Maysville Missouri

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) Cardio-nephritis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c) arterio-sclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

1 year

10 yrs.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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)
F

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____

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 any 1944 to May 20, 1954, that I last saw the deceased alive on May 20, 1954 and that death occurred at 11:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE Clarence Johnson M.D. (Degree or title)

23b. ADDRESS Maysville Missouri

23c. DATE SIGNED 5/25-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-23-54

24c. NAME OF CEMETERY OR CREMATORY Amity

24d. LOCATION (City, town, or county) (State) Amity Missouri

DATE REC'D BY LOCAL REG. 6-30-54

REGISTRAR'S SIGNATURE Clarence Johnson

25. FUNERAL DIRECTOR'S SIGNATURE PILCHER FUNERAL HOME ADDRESS MAYSVILLE MO.

WRITE PLAINLY—USING UNFADING 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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed.....


C. M. Pilcher

Signed.....
Student Embalmer

..... Licensed Embalmer No..... 3960

P. O. Address Maysville Missouri.

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.