

FILE AUG 23 1954

STANDARD CERTIFICATE OF DEATH

State File No. 28240

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 263

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY OR TOWN Macon		c. CITY OR TOWN Rural Narrows Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Samaritan Hosp.		d. STREET ADDRESS (If rural, give location) R.R. #1 Excello	

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Ray	c. (Last) Deskin	4. DATE OF DEATH (Month) (Day) (Year)	7 31 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-16-1900	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Hours 15	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Cowley Co., Kas.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Frank Deskin	13b. MOTHER'S MAIDEN NAME Lucy French	14. NAME OF HUSBAND OR WIFE Ruth Deskin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Deskin, Excello, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 7/31, 1954, to 7/31, 1954, that I last saw the deceased alive on 7/31, 1954, and that death occurred at 6:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE Ruth Deskin M.D.	23b. ADDRESS Macon, Missouri	23c. DATE SIGNED 8/2/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 4-54	24c. NAME OF CEMETERY OR CREMATORY Elmer	24d. LOCATION (City, town, or county) (State) Elmer Macon, Mo
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DATE REC'D BY LOCAL REG. 8/9/54	REGISTRAR'S SIGNATURE Fute Mcreeley	25. FUNERAL DIRECTOR'S SIGNATURE R. Lester Brown	ADDRESS Macon, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8.17.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 8.54.137
Date Filed 8.19.54

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.

Signed _____

R. Lester Brown

Signed _____
Student Embalmer

Licensed Embalmer No. 4472

P. O. Address *Macon, 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.