

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39902

State File No. ....

FILED DEC 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6206 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>		b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Jackson</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>		c. CITY OR TOWN <u>Licking</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
		* STREET ADDRESS (If rural, give location) <u>7 Mi. South of Licking Mo</u>			

3. NAME OF DECEASED (Type or Print) <u>William David Dees</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2, 1954</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
8. DATE OF BIRTH <u>11/24/1880</u>	9. AGE (In years last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13. FATHER'S NAME <u>George Dees</u>
13b. MOTHER'S MAIDEN NAME <u>Sarah Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Milly Viola Dees</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Primary Carcinoma of Stomach with generalized metastatic Carcinomatosis and Secondary Intestinal</u>			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Stomach</u> DUE TO (c) <u>Stomach</u>			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Stomach - 151 X</u> <u>Spinal</u> <u>Cardiovascular Renal Disease</u>			
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)
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 Sept. 12, 1953, to Dec. 2, 1954, that I last saw the deceased alive on Dec 2, 1954, and that death occurred at 5:20 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. D. Curran, M.D.</u>	23b. ADDRESS <u>Houston, Mo.</u>	23c. DATE SIGNED <u>12/5/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 4, 54</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Boone Creek</u>
24d. LOCATION (City, town, or county) (State) <u>Texas, Co. MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Amelia Ferguson Licking Mo</u>	DATE REC'D BY LOCAL REG. <u>Dec. 8-54</u>
REGISTRAR'S SIGNATURE <u>Myrtie Craig</u>	327	

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

1070

JAN 3 1955

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.....  
Signature of Student Embalmer

Signed *Hubert E. Ferguson*

Licensed Embalmer No. *394*

P. O. Address *Licking*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.