

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40234

State File No. 86  
Registrar's No. 86

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff, Mo.</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Poplar Bluff</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hos.p.</b>		STREET ADDRESS (If rural, give location) <b>1011 Ash St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Marley</b> b. (Middle) <b>Levi</b> c. (Last) <b>Deaton</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 16, 1954.</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 25, 1865</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>21</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Cleveland, Ohio</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>John Deaton</b>	13b. MOTHER'S MAIDEN NAME <b>Lucinda Fuller</b>	14. NAME OF HUSBAND OR WIFE <b>Dec'd</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. W.C. Smith</b>	ADDRESS <b>Poplar Bluff, Mo.</b>
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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, asphyxia, 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) <b>Myocardial Infarction</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cardiac failure</b> DUE TO (c) <b>berenay thrombosis</b>		
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 <b>4201</b>	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)
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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 **12-14, 1954**, to **12-16, 1954**, that I last saw the deceased alive on **12-16, 1954**, and that death occurred at **1:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Frank Cotrell</b> (Degree or title)	23b. ADDRESS <b>Poplar Bluff Mo</b>	23c. DATE SIGNED <b>12/27/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-20-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Gardens</b>	24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1/4/55</b>	REGISTRAR'S SIGNATURE <b>Frank Cotrell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank Cotrell</b>	ADDRESS <b>Poplar Bluff, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
JAN 14 1955  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

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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 \_\_\_\_\_  
*Glover W. Pees*

Licensed Embalmer No. *29*  
P. O. Address *Plainfield*

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.