

FILED MAY 9 1955

STANDARD CERTIFICATE OF DEATH

State File No. 10951

BIRTH NO. _____ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 4031 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give town) Adrian		c. CITY (If outside corporate limits, write RURAL and give township) Adrian 0070	
c. LENGTH OF STAY (in this place) 5 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Ira b. (Middle) Calvin c. (Last) Deardorff			4. DATE OF DEATH (Month) (Day) (Year) May 2, 1955		
---	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 12, 1875	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 9 Days 20	IF UNDER 24 HRS. Hours 0 Min. 0
--------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Christensen Co. Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	-----------------------------------	---	--

13a. FATHER'S NAME Aaron Deardorff	13b. MOTHER'S MAIDEN NAME Susan Cripe	14. NAME OF HUSBAND OR WIFE Syble Deardorff
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Syble Deardorff, Adrian Mo.	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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arterio-sclerosis		INTERVAL BETWEEN ONSET AND DEATH 3 years 1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sclerosis DUE TO (c) Generalized Bronchitis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 491X	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)	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 **Apr 76, 1955** to **May 7, 1955**, that I last saw the deceased alive on **May 1, 1955**, and that death occurred at **1.05A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carter H. Luter M.D.	23b. ADDRESS Benton, Mo.	23c. DATE SIGNED 5-2-55
--	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-4-55	24c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cem.	24d. LOCATION (City, town, or county) (State) Adrian Mo.
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. 5/3/55	REGISTRAR'S SIGNATURE Myra Owens	25. FUNERAL DIRECTOR'S SIGNATURE L. J. Funeral Service	ADDRESS Adrian Mo.
--	---	---	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

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 _____

....., Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed..... *Adrian M*

Licensed Embalmer No. *3650*

P. O. Address *Adrian M*

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.