

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27219**

FILED AUG 16 1955

BIRTH NO. _____		REG. DIST. NO. <b>278</b>		PRIMARY REG. DIST. NO. <b>3054</b>		Registrar's No. <b>78</b>	
1. PLACE OF DEATH a. COUNTY <b>Pike</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Louisiana</b>		c. LENGTH OF STAY (In this place) <b>2 days</b>		c. CITY OR TOWN <b>3 mi S. Bowling</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike County Hospital</b>				e. STREET ADDRESS (If rural, give range) <b>Bowling Green 0820</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>			b. (Middle) <b>Benjamin</b>		c. (Last) <b>Deters</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8-8-55</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>never married</b>	8. DATE OF BIRTH <b>1-1-1890</b>		9. AGE (In years last birthday) <b>65</b>	10. MONTHS <b>7</b>	11. DAYS <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Clement Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13a. FATHER'S NAME <b>Herman Deters</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>491-36-8220</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Henry Deters</b> ADDRESS <b>Bowling Green, Mo.</b>			
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) <b>Coronary Artery Occlusion</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Cardiovascular Disease</b> DUE TO (c) <b>Diabetes Mellitus</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>42.01</b>			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>8-7, 1955</b> to <b>8-8, 1955</b> , that I last saw the deceased alive on <b>8-7, 1955</b> , and that death occurred at <b>1:15 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Chas H. Lemellen M.D.</b>				23b. ADDRESS <b>Louisiana, Mo.</b>		23c. DATE SIGNED <b>8-11-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-9-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Clement Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St. Clement Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Aug 12</b>		REGISTRAR'S SIGNATURE <b>Sumner Collier</b>		FUNERAL DIRECTOR'S SIGNATURE <b>J.O. Mull</b>		ADDRESS <b>Bowling Green, Mo.</b>	

(Licensed Embalmer's Stamp on Reverse Side)

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

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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.....  
*James O. Hudson*

Licensed Embalmer No. *415*  
P. O. Address *Bearbig*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.