

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 29704  
3999

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 3 wks d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Joseph Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CASS c. CITY OR TOWN Pleasant Hill d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> * STREET ADDRESS (If rural, give location) 522 N. Independence 0190			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) Jessie c. (Last) DeShazer		4. DATE OF DEATH SEPT. 12, 1955		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 21, 1879		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and State or Foreign Country) OSKALOUSA, IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel Deshazer		13b. MOTHER'S MAIDEN NAME Rachael Deshazer		14. NAME OF HUSBAND OR WIFE Harriet Deshazer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. W. H. Hake, Kansas City, Mo			
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) Chronic lymphatic Leukemia MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid 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. Cerebral Vascular Accident (Probably Hemorrhage) 2040				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE H. Frank Holman (Degree or title) of Dr. Frank Holman M.D.				23b. ADDRESS St. Joseph Hospital		23c. DATE SIGNED 9-12-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-14-55		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery		24d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo	
DATE REC'D BY LOCAL REG. 9-13-55		REGISTRAR'S SIGNATURE Vera Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brownfield-Stanley, Pleasant Hill, Mo			

(Licensed Embalmer's Statement on Reverse Side)

By Eldmon's

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

L. R. Johnson  
5-1-11

SEP 28 1951

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 *John R. Sidman*  
Licensed Embalmer No. *45*  
P. O. Address *Kansas*

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.