

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35975

State File No.

FILED NOV 28 1955

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 4048 Registrar's No. 319

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) Rocheport		c. LENGTH OF STAY (In this place) 3 yrs	c. CITY OR TOWN Rocheport
d. FULL NAME OF HOSPITAL OR INSTITUTION		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) 0700 2	

3. NAME OF DECEASED (Type or Print)	a. (First) HUBERT	b. (Middle) CLYDE	c. (Last) DEPUTY	4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 18, 1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 8 Days 5	IF UNDER 24 HRS. Hours 10 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station Agent	10b. KIND OF BUSINESS OR INDUSTRY Mo-Kan-Tex. R.R.	11. BIRTHPLACE (City and State or Foreign Country) Brashear Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME U.O. Deputy	13b. MOTHER'S MAIDEN NAME Mary A. Reeder	14. NAME OF HUSBAND OR WIFE Florence E. McVey
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY No. 493-16-7894	17. INFORMANT'S SIGNATURE OR NAME Mrs H.C. Deputy, Rocheport, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 15 min 5 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	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) (m.)	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 **Jan. 1953**, to **11-23**, 1955, that I last saw the deceased alive on **11-22**, 1955, and that death occurred at **8:20 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) MD	23b. ADDRESS Fayette, Mo.	23c. DATE SIGNED 11-25-55
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24a. BURIAL, CREMATION, OR OTHER REMOVAL (Specify) Burial	24b. DATE 11/26/1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Columbia, Missouri
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DATE REC'D BY LOCAL REG. Nov. 25 1955	REGISTRAR'S SIGNATURE Mrs R.E. Palmer	31-0	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Fayette, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 13 1950

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

Student
Signature of Student Embalmer

Signed *Ralph A. Cass*

Licensed Embalmer No. *332*

P. O. Address *Fayette*

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.