

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

263

State File No. ....  
7  
Registrar's No. ....

BIRTH NO. .... REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Nebraska</b> b. COUNTY <b>Richardson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>Rulo</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>2 days</b>		e. STREET ADDRESS (If rural, give location) <b>824<sup>th</sup></b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Peter</b> b. (Middle) <b>B.</b> c. (Last) <b>Darveaux</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 4, 1956</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct. 4, 1908</b>
9. AGE (In years last birthday) <b>47</b>		10. IF UNDER 1 YEAR Days	11. IF UNDER 24 HRS. Hour Min.
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>own farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Rulo, Nebraska</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Peter Darveaux</b>		13b. MOTHER'S MAIDEN NAME <b>Rosalie Prevett</b>	14. NAME OF HUSBAND OR WIFE <b>Mary A. Darveaux</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>40 507-84-0936</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary Darveaux, Rulo, Nebraska</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hodgkins Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Virus infection</b> DUE TO (c) <b>pneumonia</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>492X</b>	
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 <b>Sept 1955</b> , to <b>1-4, 1956</b> , that I last saw the deceased alive on <b>1-4, 1956</b> , and that death occurred at <b>11:00A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Joseph L. Fisher M.D.</b>		23b. ADDRESS <b>824 Edmund St. City</b>	23c. DATE SIGNED <b>1-4-56</b>
24a. BURIAL CREMATION REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>1/4/56</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Falls City, Nebraska</b>
DATE REC'D BY LOCAL REG. <b>Jan 5, 1956</b>	REGISTRAR'S SIGNATURE <b>Locher M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>485<sup>th</sup> Heston - Bowman St Joseph Mo</b>	

Dr. Fisher

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 <sup>2/24</sup> James B. Hawkins  
Licensed Embalmer No. 453  
P. O. Address 319 So 10th St

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.