No. 300
10.48

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4487

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3077 Registrar's No. 41

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

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany
c. LENGTH OF STAY (in this place): 22 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Reid Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Harrison
c. CITY OR TOWN: Bethany
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): Main St. 0 416 0

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Joseph
c. (Last): Deiter

4. DATE OF DEATH (Month) (Day) (Year): 2.16.1956

5. SEX: male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 10.22.1872
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 3, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired oil sales.
10b. KIND OF BUSINESS OR INDUSTRY: same
11. BIRTHPLACE (City and State or Foreign Country): Clinton Co. Mo 0
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: George Deiter
13b. MOTHER'S MAIDEN NAME: Lucia Quell
14. NAME OF HUSBAND OR WIFE: Sadie A. Deiter

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.: 495-07-433
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Sadie A. Deiter. Bethany 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General Toxemia — 6 mo.
DUE TO (c) Carcinoma Right Jaw — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 196x
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-14, 1956, *to* 2-16, 1956, *that I last saw the deceased alive on* 2-16-56, 19__, *and that death occurred at* 10:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gilbert M. Thomas DO
23b. ADDRESS: Bethany Mo
23c. DATE SIGNED: 2-17-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2.18.1956
24c. NAME OF CEMETERY OR CREMATORY: King City
24d. LOCATION (City, town, or county) (State): King City Mo.

DATE REC'D BY LOCAL REG.: 2-20-56
REGISTRAR'S SIGNATURE: Zola Burris 116-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: [illegible] Bethany Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M B Haas

Licensed Embalmer No. 389

P. O. Address Bethany, N

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