

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5864**

FILED FEB 23 1956

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana	c. LENGTH OF STAY (In this place) 2 days	c. CITY OR TOWN Louisiana	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 Pike County Hospital		e. STREET ADDRESS (If rural, give location) RFD # 2	

3. NAME OF DECEASED (Type or Print) DEREK DAVID DETERS			4. DATE OF DEATH Feb 14 1956		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Nov. 2 1955	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months 12	IF UNDER 24 HRS. Hours 12	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Richard Deters	13b. MOTHER'S MAIDEN NAME June Elder	14. NAME OF HUSBAND OR WIFE none
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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. none	17. INFORMANT'S SIGNATURE OR NAME Richard Deters, Louisiana, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	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	20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)	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 **Feb 7 1956**, to **Feb 14 1956**, that I last saw the deceased alive on **Feb 14 1956**, and that death occurred at **9:20A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Donald C. Barber M.D.	23b. ADDRESS Clarksville Mo.	23c. DATE SIGNED 2/16/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 16, 56	24c. NAME OF CEMETERY OR CREMATORY St. Clement	24d. LOCATION (City, town, or county) (State) St. Clement Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Feb 16, 1956 Bernice Collier	FUNERAL DIRECTOR'S SIGNATURE J.O. Mudd	ADDRESS Bowling Green, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 A. Huddell
Licensed Embalmer No. 4152

P. O. Address Bowling Green

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.