

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12168

FILED APR 29 1957

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 435

300
1-56

4
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison		
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rock Port		0030 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Parkview Sunnyslope Nursing Home			Length of stay in lb 9 days		d. STREET ADDRESS (If outside, give location) 3225 South Fifth Street
3. NAME OF DECEASED (Type or print) HARRY AUGUST DEUSER			4. DATE OF DEATH April 14, 1957		Month Day Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 23, 1874		9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Hardware Dealer		10b. KIND OF BUSINESS OR INDUSTRY Retail Hardware		11. BIRTHPLACE (City and state or country) Rock Port, Mo.	
13. FATHER'S NAME Charles P. Deuser			14. MOTHER'S MAIDEN NAME Minnie Muinch		
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. 491-09-1480		17. INFORMANT Address Austin White, Fairfax, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive heart disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Old fracture of lumbar spine					INTERVAL BETWEEN ONSET AND DEATH 4 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Feb. 1957 to April 13, 1957 and last saw him him alive on Apr 11, 1957 Death occurred at 3:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) E. H. Anderson M.D.			22b. ADDRESS 311 Phy. & Surg. Bldg. St. Joseph		22c. DATE SIGNED 4-17-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 16, 57	23c. NAME OF CEMETERY OR CREMATORY Greenhill Cemetery		23d. LOCATION (City, town, or county) (State) Rock Port, Mo.
24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. April 22, 1957		25. REGISTRAR'S SIGNATURE Kathleen M. Allison	

485

INVESTIGATION OF DEATHS
STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
MEMPHIS, TENNESSEE
JAN 15 1952
18 JAN 15 1952
U.S. DEPT. OF HEALTH
BUREAU OF VITAL STATISTICS
MEMPHIS, TENNESSEE
STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
MEMPHIS, TENNESSEE

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 *Evan A. Clark*

Licensed Embalmer No. *423*

P. O. Address *St Joseph*

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.