

FILED JUL 22 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>		c. CITY OR TOWN <u>Brookfield</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>		d. STREET ADDRESS <u>412 Sanford St</u>	
Length of stay in 1b <u>3 days</u>		(If outside, give location) <u>0</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) <u>Raymond Harold Deer</u>			4. DATE OF DEATH <u>July 15, 1957</u>		
5. SEX <u>male</u> COLOR OR RACE <u>white</u>			8. DATE OF BIRTH <u>February 24, 1899</u>		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. AGE (In years last birthday) <u>58</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Switchman of Burlington RR.</u>			11. BIRTHPLACE (City and state or country) <u>Brookfield, Missouri</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>Brookfield, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13. FATHER'S NAME <u>Hiram Deer</u>			14. MOTHER'S MAIDEN NAME <u>Arabella Hamilton</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>707-07-6301</u>		
17. INFORMANT <u>Mrs. Lauretta Deer, Brookfield, Mo.</u>			Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiac Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 Hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Metastatic Carcinoma</u>	<u>9 months</u>
	DUE TO (c) <u>Adeno Carcinoma Pyloric of Stomach</u>	<u>4 Years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>15</u> Month, Day, Year		
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 <u>1952</u> to <u>July 15, 1957</u> and last saw her/him alive on <u>July 15, 1957</u>		
Death occurred at <u>5:15 p m</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>R. R. Rands</u> (Degree or title) <u>D. O.</u>	22b. ADDRESS <u>Brookfield, Missouri</u>	22c. DATE SIGNED <u>7-17-57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 18, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Brookfield, Missouri</u>
24. FUNERAL DIRECTOR <u>Je. W. Blacklock, Brookfield, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7/18/57</u>	26. REGISTRAR'S SIGNATURE <u>Katharine Johnson Dep.</u>	

(Licensed Embalmer's Statement on Reverse Side)

0582 00 56 Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 26 1959

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *H. J. Gilleland*

Licensed Embalmer No. 400

P. O. Address *North Beach*

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