Health, Welfare Public Service

300
1-56

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1957

STATE FILE NUMBER 27135

Registration District No. 322 Primary Registration District No. 6087 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cambridge Township — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ½ mile N. Gilliam — Length of stay in 1b: life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Gilliam — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): ½ mile N. Gilliam — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Henry Middle: Christopher Last: Deis

4. DATE OF DEATH: Month: July Day: 14 Year: 1957

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: May 7, 1875
9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store
11. BIRTHPLACE (City and state or country): Wyandotte, Kansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry C. Deis
14. MOTHER'S MAIDEN NAME: Elizabeth Goetze

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 489-42-6975
17. INFORMANT: Mrs. Ralph Ahrens, Address: Gilliam, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) myocardial infarction — 8 hrs
DUE TO (c) coronary occlusion — 8 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2-6-53, to July 14, 1957 and last saw her/him alive on July 14, 1957
Death occurred at 11 55 a. m. p. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William C. Allen MD
22b. ADDRESS: Glasgow Mo.
22c. DATE SIGNED: 7-16-57

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: July 16, 1957
23c. NAME OF CEMETERY OR CREMATORY: Gilliam Cemetery
23d. LOCATION (City, town, or county) (State): Gilliam, Missouri

24. FUNERAL DIRECTOR ADDRESS: Walter J. Haines Jr. Slater, Mo.
25. DATE RECD. BY LOCAL REG.: 7/22/57
26. REGISTRAR'S SIGNATURE: Mo. E. C. Metz

(Licensed Embalmer's Statement on Reverse Side)

DEC 24 1958

JUN 23 1958

AUG 16 1957

JUN 22 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 Walter J. Haines, J

Licensed Embalmer No. 45

P. O. Address Slater

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