Health, Welfare Public Service

300
-57

FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-004499
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY OR TOWN St. Joseph — Inside Limits Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 914 N. 3rd St. — Length of stay in 1b 10 years	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan c. CITY OR TOWN St. Joseph — Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) 914 N. 3rd St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First LEWIS Middle G. Last DEATON

4. DATE OF DEATH: Month Feb. Day 22 Year 1958

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: April 30, 1869

9. AGE (In years last birthday): 88 — 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): Ret. farmer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (City and state or country): Perry County, Kentucky

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Daniel Deaton

13b. MOTHER'S MAIDEN NAME: Margaret Morris

14. NAME OF HUSBAND OR WIFE: Izora

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.: unknown

17. INFORMANT: Roy Rogers, Address 1215 Faraon St., St. Joseph Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Terminal Pneumonia	48hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Multiple Cerebral Vascular Accidents	Several yrs.
DUE TO (c)	Arteriosclerosis Gen	Several yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 9-13-56, to 2-23-57 and last saw him alive on 2-22-58
Death occurred at 7:45p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert W. Kieber M.D. (Degree or title)

22b. ADDRESS St. Joseph, Mo

22c. DATE SIGNED 2-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 2/24/1958

23c. NAME OF CEMETERY OR CREMATORY: Bethel Cemetery

23d. LOCATION (City, town, or county) (State): Near Cosby, Missouri

24. FUNERAL DIRECTOR: Heaton-Bowman ADDRESS: St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.: Feb. 27, 1958

26. REGISTRAR'S SIGNATURE: Mrs Clark Kendell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be accepted.
All diseases in Part I must be causally related.

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 P. Hawkins

Licensed Embalmer No. 4531

P. O. Address 319 E. 10th St. J

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.