

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024698

STATE FILE NUMBER

835

FILED AUG 11 1958 Registration District No. 42 Primary Registration District No. 5124 Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township		c. CITY OR TOWN St. Joseph 01106	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ORT 8		d. STREET ADDRESS (If outside, give location) Route 8	
Length of stay in lb 10 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Loys Ernest Deaton			4. DATE OF DEATH Month Day Year Aug. 4, 1958
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 6, 1900
9. AGE (In years and birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	11. BIRTHPLACE (City and state or country) Union Star, Mo. 0
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Stock Yards Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Deaton		13b. MOTHER'S MAIDEN NAME Bertha Brown	14. NAME OF HUSBAND OR WIFE Daisy Deaton
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. 491-10-8747	17. INFORMANT Daisy Deaton, Rt. 8 St. Joseph, 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) <u>Metastatic Carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1992			INTERVAL BETWEEN ONSET AND DEATH unknown unknown
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 <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 July 24, 1958 to 7-26-58 and last saw him alive on 7-26-58 Death occurred at 7:40 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Tharon E. Waggoner M.D.</i> (Degree or title)		22b. ADDRESS 301 Illinois Avenue	22c. DATE SIGNED 8-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 6, 1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
24. FUNERAL DIRECTOR Clark Funeral Home St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Aug 5, 1958	26. REGISTRAR'S SIGNATURE <i>Mr. Clark Standell</i>

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 Paul F. Clark

Licensed Embalmer No. 5034

P. O. Address St. Joseph, Mo.

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.