

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006000

STATE FILE NUMBER

LEU FEB 25 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 87

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1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Raytown</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Four Pines Retirement Home</u>		Length of stay in lb. <u>84 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>6200 Raytown Road</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Susan</u> Middle <u>F.</u> Last <u>Dehoney</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>17</u> Year <u>1959</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 11, 1875</u>	9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>6</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Jackson Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Bernhardt Groger</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Dupre</u>	14. NAME OF HUSBAND OR WIFE <u>Ruford Dehoney</u>
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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>None</u>	17. INFORMANT <u>Ruford Dehoney</u> Address <u>6200 Raytown Rd Raytown Mo</u>
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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>Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>16 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic Myocardial Infarction</u>	<u>30 hours</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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour <u>11:00</u> Month, Day, Year a.m. <u>PM</u> 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 <u>Raytown</u> COUNTY <u>Mo</u> STATE <u>Mo</u>
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21. I attended the deceased from <u>NOV 1958</u> to <u>FEB 1959</u> and last saw her alive on <u>FEB 17th 1959</u> Death occurred at <u>11:00 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Wm. E. Eubank, M.D.</u> (Degree or title)	22b. ADDRESS <u>Raytown Clinic, Raytown Mo</u>	22c. DATE SIGNED <u>Feb 18, 1959</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Cremation</u>	23b. DATE <u>Feb 19, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Brookings Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Raytown Missouri</u>
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24. FUNERAL DIRECTOR <u>A. Clark Regert</u> ADDRESS <u>Raytown Mo.</u>	25. DATE RECD BY LOCAL REG. <u>2-19-59</u>	REGISTRAR'S SIGNATURE <u>Jane K. [Signature]</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Clark Heger*

Licensed Embalmer No. *3983*
P. O. Address *Raytown, 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.