

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS AUG 17 1959

59-024183

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 818 STATE FILE NUMBER

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 St. Joseph		Length of stay in 1b 12 years		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 919 So. 12th Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First NEWTON Middle CLEVE Last DeSHON				4. DATE OF DEATH Month August Day 7 Year 1959				
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH October 2, 1884	9. AGE (last birthday) 74 years	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME John DeShon			13b. MOTHER'S MAIDEN NAME Helen Hill		14. NAME OF HUSBAND OR WIFE Mrs. Pearl DeShon			
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. 499-20-4204		17. INFORMANT Address 2011 Sun Valley Road R.P. DeShon, St. Joseph, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic shock and hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Self inflicted rifle shot in head DUE TO (c) Psychosis - Paranoia						INTERVAL BETWEEN ONSET AND DEATH about 3 hrs 2 hours about		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Witness concerned and depressed concerning car accident					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inflicted rifle shot in right parietal region					
20c. TIME OF INJURY Hour 4 Month, Day, Year aug 7-59 at DeShon used car lot	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.) DeShon car lot		20f. CITY, TOWN, OR LOCATION St Joseph Buchanan Mo		20g. COUNTY Buchanan	
21. I attended the deceased from viewed body		and last saw him live on aug 7-59		Death occurred at 6:05 P. m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) S.E. Meloney MD Coroner				22b. ADDRESS 215 N. 1st Street Bldg St. Joseph 8, Mo		22c. DATE SIGNED Aug 10 59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/10/59	23c. NAME OF CEMETERY OR CREMATORY Phenezer Cemetery		23d. LOCATION (City, town, or county) (State) Buchanan County Missouri				
24. FUNERAL DIRECTOR St. Joseph Funeral Home (G.A.S.)		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Aug. 11, 1959	26. REGISTRAR'S SIGNATURE Mr. Clark Goodell			

DOCUMENT

CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph

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.