

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025979

FILED VS AUG 4 1959

Registration District No. Am 12 Primary Registration District No. 4326 Registrar's No. 200

STATE FILE NUMBER

DED

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

3. NAME OF DECEASED (Type or print) First Middle Last AGNES CHRISTINE DEFFENBAUGH			4. DATE OF DEATH Month Day Year July 21, 1959			
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5. SEX Female	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-13-1874	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Cooper Co., Mo.	11. BIRTHPLACE (City and state or country) usa	12. CITIZEN OF WHAT COUNTRY usa
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13a. FATHER'S NAME William Renken	13b. MOTHER'S MAIDEN NAME Bettie Williams	14. NAME OF HUSBAND OR WIFE John Deffenbaugh
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Bettie Gartin Olean, Mo.	Address
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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) Cerebral Haemorrhage		INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio sclerosis	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	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
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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 Month, Day, Year a.m. p.m.

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.)	20f. CITY, TOWN, OR LOCATION Eldon Mo.	COUNTY	STATE
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21. I attended the deceased from 8:30 P.M. on July 21 '59	and last saw her alive on July 14 '59
Death occurred at _____ on the date stated above, and to the best of my knowledge from the causes stated.	

22a. SIGNATURE E. P. Shelton M.D.	(Degree or title)	22b. ADDRESS Eldon Mo.	22c. DATE SIGNED July 22
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-23-59	23c. NAME OF CEMETERY OR CREMATORY Eldon	23d. LOCATION (City, town, or county) Eldon, Mo.
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24. FUNERAL DIRECTOR Louis D. Phillips	ADDRESS Eldon	25. DATE RECD. BY LOCAL REG. July 23 '59	26. REGISTRAR'S SIGNATURE Calveretta Walt
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DOCUMENT

MEDICAL 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 *Louis D. Phillips*

Licensed Embalmer No. 366

P. O. Address Eden

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.