JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 26 1959

59-030118
STATE FILE NUMBER

NDED

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Ripley	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan — Length of stay in 1b: 80 years	c. CITY OR TOWN Doniphan — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 509 Plum — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: James	Middle: H.	Last: Deen	4. DATE OF DEATH Month, Day, Year: August 9, 1959				
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 9-17-1878	9. AGE (last birthday): 80	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber	10b. KIND OF BUSINESS OR INDUSTRY: Plumbing	11. BIRTHPLACE (City and state or country): Ripley County, Mo.	12. CITIZEN OF WHAT COUNTRY: U.S.A.				
13a. FATHER'S NAME: Samuel Deen	13b. MOTHER'S MAIDEN NAME: Caroline Givens	14. NAME OF HUSBAND OR WIFE: Nellie Deen					
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.: 500-16-4083	17. INFORMANT: Nellie Deen	Address: Doniphan, 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)	Cerebral hemorrhage	4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	generalized arteriosclerosis	6 years
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 June 58, to August 9, 1959 and last saw her/him alive on Aug 9, 1959

Death occurred at 10:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank Johnson	(Degree or title): MD	22b. ADDRESS: Doniphan Mo	22c. DATE SIGNED: 8/20/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 8-12-1959	23c. NAME OF CEMETERY OR CREMATORY: Doniphan Cemetery	23d. LOCATION (City, town, or county) (State): Doniphan, Missouri
24. FUNERAL DIRECTOR: Edwards Funeral Home	ADDRESS: Doniphan, Mo.	25. DATE RECD. BY LOCAL REG.: 8-21-59	26. REGISTRAR'S SIGNATURE: Flava Broz.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Gene L Harrent

Licensed Embalmer No. 4809

P. O. Address Naylor, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.