IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-007142
STATE FILE NUMBER

FILED VS MAR 7 1960

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 29

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Brookfield
Length of stay in 1b: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Doctor's Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Linn
c. CITY OR TOWN: Brookfield
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 125 East Clark
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Clarence Middle: Last: Deardorff
4. DATE OF DEATH: Month: February Day: 26 Year: 1960
5. SEX: male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/23/1884
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months: 9 Days: 3 IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Passenger Conductor
10b. KIND OF BUSINESS OR INDUSTRY: C.B.&Q. R.R. Co.
11. BIRTHPLACE (City and state or country): Hale, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James Deardorff
13b. MOTHER'S MAIDEN NAME: Alice Turner
14. NAME OF HUSBAND OR WIFE: Nellie L. Deardorff
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.: 707076299
17. INFORMANT: Nellie L. Deardorff Address: Brookfield, Mo.

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)	Exsanguination	immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Rupture of abdominal aneurysm	10 mos
DUE TO (c)	Arteriosclerosis	5 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of liver

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 5-15-58, to 2-26-60 and last saw ~~her~~ him alive on 2-26-60
Death occurred at 2:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C C Smith (Degree or title) DO
22b. ADDRESS: Brookfield Mo
22c. DATE SIGNED: 2-27

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 28, 1960
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
23d. LOCATION (City, town, or county) (State): Brookfield, Missouri

24. FUNERAL DIRECTOR: Hill Funeral Home ADDRESS: Brookfield, Mo.
25. DATE RECD. BY LOCAL REG.: 2-27-60
26. REGISTRAR'S SIGNATURE: Katholine Johnson Dep

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1960

MAR 8

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 Gerald T. Wa

Licensed Embalmer No. 4, 7

P. O. Address Brown

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