

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017815

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 369 Primary Registration District No. 6257 Registrar's No. 5

FILED APR 16 1962

VS 300 Rev. 4/59

1 1110

2 0120

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4 0

5 1

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7 0

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9 4344

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12 41-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>BUTLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>R.F.D. PATTERSON, MO.</u> Length of stay in lb <u>1 DAY</u>		c. CITY OR TOWN <u>POPLAR BLUFF</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (If outside, give location) <u>RT.3</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>DANIEL</u> Middle <u>DESHANEY</u> Last <u>DESHANEY</u>		4. DATE OF DEATH Month <u>APR</u> Day <u>5</u> Year <u>1962</u>	
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>1-24-1895</u> 9. AGE (last birthday) <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER + LUMBER - FARM-TIMBER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WVLCAN, MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRANKLIN - DE SHANEY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY GRAHAM</u>	
14. NAME OF HUSBAND OR WIFE <u>GRACE DESHANEY</u>		17. INFORMANT Address <u>RT 3</u> <u>GRACE DESHANEY POPLAR BLUFF, MO.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWT</u>		17. INFORMANT Address <u>RT 3</u> <u>GRACE DESHANEY POPLAR BLUFF, MO.</u>	
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>Routine Investigation and</u> DUE TO (b) <u>Presumed to be Natural Causes</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>1-1/2 min</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>V.A. Hospital</u> <u>Had been under Doctor's Care for a Heart Condition</u>			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 type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <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 _____	COUNTY _____	STATE _____
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>11:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Wayne</u> <u>Marvin E. Bowles Coroner Co.</u>		22b. ADDRESS <u>Piedmont, Mo.</u>	
22c. DATE SIGNED <u>4-7-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4-7-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RUBLE CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>WVLCAN MO.</u>
24. FUNERAL DIRECTOR <u>Dish</u> ADDRESS <u>Piedmont, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-8-62</u>	26. REGISTRAR'S SIGNATURE <u>Sheila Louisa</u>

USE BLACK INK OR TYPEWRITER RIBBON

APR 26 1962

APR 17 1962

**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 me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Maver E. Bowles

Licensed Embalmer No. 4426  
P. O. Address Piedmont, 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.