

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007550

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 127 Primary Registration District No. 3040 Registrar's No. 66

<b>FILED MAR 11 1963</b>	
1. PLACE OF DEATH	
a. COUNTY <u>LIVINGSTON</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CHILlicothe</u>	a. STATE <u>Mo.</u> b. COUNTY <u>LINN</u>
Length of stay in 1b <u>1 WK</u>	c. CITY OR TOWN <u>MEADVILLE</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CHILlicothe HOSPITAL</u>	d. STREET ADDRESS (If outside, give location) <u>FOUNTAIN GROVE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First <u>FAY</u>	Middle <u>EVERETT</u>
Last <u>DEEM</u>	4. DATE OF DEATH Month <u>3</u> Day <u>2</u> Year <u>63</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>4-26-95</u>
9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECTION FOREMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>
11. BIRTHPLACE (City and state or country) <u>SUMNER, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>CHARLES W. DEEM</u>	13b. MOTHER'S MAIDEN NAME <u>IDA BELLE COMER</u>
14. NAME OF HUSBAND OR WIFE <u>MABEL</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>
16. SOCIAL SECURITY NO.	17. INFORMANT <u>MABEL DEEM, MEADVILLE, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	DUE TO (b)
<u>Carcinoma of lung.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	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	
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 <u>12-26-62</u> to <u>3-2-63</u> and last saw him alive on <u>3-1-63</u> . Death occurred at <u>12:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>J. M. Dowell M.D.</u> (Degree or title)	22b. ADDRESS <u>Chillicothe Mo</u>
22c. DATE SIGNED <u>3/5/63</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3-4-63</u>
23c. NAME OF CEMETERY OR CREMATORY <u>MEADVILLE CEMETERY</u>	23d. LOCATION (City, town, or county) <u>MEADVILLE, MISSOURI</u>
24. FUNERAL DIRECTOR <u>WRIGHTS - MEADVILLE, Mo.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>MAR 6, 1963</u>
26. REGISTRAR'S SIGNATURE <u>Annalee Taylor</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:   
 DATE AMENDED:   
 INSTEAD OF   
 DOCUMENT   
 MEDICAL CERTIFICATION   
 SHOULD READ   
 BY AFFIDAVIT OF

VS 300  
 Rev. 4/59  
0595  
20580  
 3  
 4 0  
 5 1  
 6  
 7  
 8 2  
9163X  
 10  
 11  
 12 1-0  
 13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

Date handed to Dr. 3/3/63  
Date signed by Dr. 3/5/63  
Date received 3/6/63

MAR 22 1963  
APR 16 1963

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed *W. Knight*

Licensed Embalmer No. 4655

P. O. Address Meadville, 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.