

FILED OCT 5 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31507

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 88

0891

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Richardson</u>	c. LENGTH OF STAY (in this place) <u>29 years</u>	c. CITY OR TOWN <u>Richardson</u>	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>541 East Main</u>		e. STREET ADDRESS (If rural, give location) <u>541 East Main</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>	b. (Middle) <u>F.</u>	c. (Last) <u>DEARDORFF</u>	4. DATE OF DEATH (Month) <u>9</u> (Day) <u>3</u> (Year) <u>1954</u> <u>Sgt. (Reservist)</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>September 9, 1885</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>George W. Kucharski</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Neodesha, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Raymond Deardorff</u>	13b. MOTHER'S MAIDEN NAME <u>Marion M. Deering</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Deardorff</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Deardorff</u>	ADDRESS <u>Palace Heights, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) <u>Richardson</u> (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at Richardson from the causes and on the date stated above.

23. SIGNATURE <u>John F. Baber</u> (Degree or title) _____	23b. ADDRESS _____	23c. DATE SIGNED <u>MO 8-25-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 26, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope</u>	24d. LOCATION (City, town, or county) <u>Richardson, Missouri</u> (State) _____
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DATE REC'D BY LOCAL REG. <u>Sept 27, 1954</u>	REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	273-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>234057-LIFE FUNERAL HOME</u> ADDRESS <u>Richardson, Missouri</u>
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AUG 30 1956

JAN 2 1958

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 *George H. White*.....

Licensed Embalmer No. *1066*

P. O. Address *Richmond*

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.