

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004911

STATE FILE NUMBER

FILED MAR 2 1959

Registration District No.

77

Primary Registration District No.

3016

Registrar's No.

55

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City		c. CITY OR TOWN Jamestown	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) John Ira Deakins		4. DATE OF DEATH February 26, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 2, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Jamestown, Missouri	
13a. FATHER'S NAME William E. Deakins		14. NAME OF HUSBAND OR WIFE Ethel Houk Deakins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		17. INFORMANT Address Ethel Deakins, Jamestown, Missouri	
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>Surgical Shock</u> DUE TO (b) <u>Suprapubic Prostatectomy</u> DUE TO (c) <u>Prostatic Hypertrophy</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) 610X		INTERVAL BETWEEN ONSET AND DEATH	
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 Feb 18 59 to Feb 26-59 and last saw him alive on Feb 26-59 Death occurred at 3:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Eugene B. Rehder 2 Jefferson City MO	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-1-1959	
23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) (State) California MO	
24. FUNERAL DIRECTOR Hugh E. Williams		25. DATE RECD. BY LOCAL REG. 26 February 1959	
ADDRESS California		26. REGISTRAR'S SIGNATURE R.P. Norris, Md. MR.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 5 1950

OFFICE OF THE  
STATE EMBALMER  
CALIFORNIA

### 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 *Lugh E. Williams* .....

Licensed Embalmer No. *3537* .....

P. O. Address *California* .....

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.