			SION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DO NOT WRITE	AMENDED (Registration District No. 199 Primary Registration District No. 1992 Registrar's No. 4480 STATE FILE NUMBER LED SEP 10 1965
VS 300	<u></u>]	1. PLACE OF DEATH a. COUNTY a. STATE Misseuri b. COUNTY Jackson admission)
Rev. 4/59	AMENDED		b. CITY (If outside Corporate limits, give TOWNSHIP only) Length of stey in 1b C. CITY OR TOWN Kansas City 1nside Limits Yes P No TOWN
23748	DATE A		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Phipps Limmont Newsing me Yes 12 No 12 4820 Campbell Street Yes 12 No 12
3 2		-	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) Elbert Dean Deakins Death Quant 23, 1965
4 O		-	5. SEX 6. COLOR OR RACE 7. Married D Never Married 8. DATE OF BIRTH 9. AGE (last birthdy) IF UNDER 1 YEAR IF UNDER 24 HR Widowed Divorced 12/16/188/ 83 Months Days Hours Min.
6 8 8		1_	Ob. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Concrete Jamestown Missauri U.S.G.
J DILO		1	136. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE William E. Deakins Licinda Learing Vera M. Deakins
8 2 8			5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes, give war or dates of service) 5. 10-03-904/ Robert L. Alakins - Kansas Cotty, Mo.
72// RY	A ENT		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH OWELLS.
11 OS	EAD OF DOCUM		Conditions, if any,) DUE TO (b) Carebal Outerior clerosis unhum
12 86 - 0 SE	INSTEAD		which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)
0 N		ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If decessed was female was there a pregnancy in last 90 days.
ON AMENDMENT		CERTIFIC	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.) YES NO 22
RIBBON AMEN		AEDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.
		Ž	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK farm, factory, street, office bldg., etc.)
USE BLACK OR TYPEWRITER R	EA EA	purmd	21. I attended the deceased from 15 0 nm on the date stated above, and to the best of my knowledge from the causes stated.
USE TYPEM	SHOULD		226. SIGNATURE (Degree or HILD) 226. ADDRESS 425 E 63 RD V.C. HO 8724 65
	NO.	3°	38. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) REMOVAL (Specify) Aug. 25, 1965 Union Cemetery Amestown Missauri
	ITEM ITEM	2	4. FUMBRAL DIRECTOR. ADDRESS 25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE South
,	· · · · ·		(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

by	, Student Embalmer No
rking under my personal supervision.	OOOO
udent	Signed don W. Sunsun
Signature of Student Embalmer	_ 5
	Licensed Embalmer No. 5/9 W
	La de a ma
	P. O. Address

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.