

NOV 19 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

35171

Registration District No. 248 Primary Registration District No. 5344 Registrar's No. _____

1. PLACE OF DEATH:

(a) County DAVIE SS
 (b) City or town Liberty
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution X
 In this community Life Trial (Specify whether years, months or days)

3. (a) PRINT FULL NAME SAMUEL THOMAS DEAN

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of ~~husband~~ or wife SARAH DEAN
 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased Oct 20 1853
 (Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Debat County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

12. Name Sam Dean

13. Birthplace Tenn (City, town, or county) (State or foreign country)

14. Maiden name Mary Hunsel (City, town, or county) (State or foreign country)

15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Dean

(b) Address Altamont Mo

17. (a) Burial (b) Date thereof Feb 18 - 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Altamont

18. (a) Signature of funeral director Walter S. Traup

(b) Address Winstan Mo

19. (a) 5-29-40 (b) Mrs. J. H. ...
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Davies
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural Route 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 86 in U.S. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
 year 1940 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 6, 1940 to Feb 15, 1940
 that I last saw him alive on Feb 15, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia
Chronic Hypertension

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 102

Major findings: Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? (City or town) (County) (State) _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? 2-25

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Walter S. Traup (M. D. or other) _____
 Address Altamont Mo Date signed 2-20-40

1 X1931

NOTE: Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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~~

Virgil V. Stamp

....., Registered Apprentice No.

working under my personal supervision.

Signed

Virgil V. Stamp

Licensed Embalmer No. *4074*

P. O. Address

Winston, 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 this body is not embalmed, above space should be left blank.