

No. 2  
X23159

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41724  
Registrar's No. 163

Registration District No. 26

Primary Registration District No. 5084

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Rual Saltriver  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. #6  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Mexico  
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #6  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Lucian H. Dean

3. (b) If veteran, name war None

3. (c) Social Security None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18  
year 1940 hour 12 minute 30 A.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lullie Dean

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: September 11, 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 1, 1940, to Dec 18, 1940  
that I last saw him alive on Dec 14, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

66 3 7 hr. min.

Immediate cause of death Coronary Occlusion

Due to Arterio Sclerosis

9. Birthplace White Sulpher Springs, W. Va.  
(City, town, or county) (State or foreign country)

Other conditions 9/1/13  
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Unknown

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

Major findings: Of operations no

Of autopsy no

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

16. (a) Informant Phil Dean

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Dec. -20-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director E. T. Pugh

(b) Address Mexico, Mo.

19. (a) Dec 19-1940 (b) Blanca Neely  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Date signed 12/18/40

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

RECEIVED

District Health Officer No. 10

District File Number 1-41-140

Date Filed JAN 16 1941

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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.