

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **41412**  
Registrar's No. **35**

FILED JAN 15 1943

Registration District No. **241**

Primary Registration District No. **4359**

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

1. PLACE OF DEATH:

(a) County **New Madrid**  
(b) City or town **Point Pleasant mo.**  
(c) Name of hospital or institution **1/2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 years.** (Specify whether years, months or days)  
In this community **2 years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**  
(c) City or town **Point Pleasant**  
(d) Street No. **0**  
(If rural, give location)  
(e) Citizen of foreign country? **1** (Yes or No)  
If yes, name country **1**

3. (a) PRINT FULL NAME

**Robert Lee Dean**

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive **28** years (Month) (Day) (Year)  
7. Birth date of deceased **May-28-1869** (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **2** year **1942** hour **12** minute **50 A.M.**  
21. I hereby certify that I attended the deceased from **Oct 29th** 1942 to **Nov 2** 1942 that I last saw him alive on **Oct 29** 1942 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **4 days**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) **830**

8. AGE: Years **73** Months Days If less than one day hr. min.

9. Birthplace **Scott Co - Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business **Farmer.**

12. Name **Thomas M. Dean**

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

14. Maiden name **Hannah Mae Danks**

15. Birthplace **Scott Co - Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Charles B. Dean**

(b) Address **Point Pleasant**

17. (a) **Burial** (b) Date thereof **11-3-1942** (Month) (Day) (Year)

(c) Place: burial or cremation **Portersville Mo.**

18. (a) Signature of funeral director **Walter H. ...**

(b) Address **Portersville Mo.**

19. (a) **11-8-42** (b) **Edith Largent** (Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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) \_\_\_\_\_

Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature **Edward M. Coffey** (M. D. or other) **11-4-42**

Address **Marston mo** Date signed **11-4-42**

RECEIVED  
District Health Office No. 2,  
District File Number 143-35  
Date Filed 1-4-43

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**