

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16408

State File No. 5601 Registrar's No. 63

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032

| | | | |
|---|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Johnson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Warrensburg</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Warrensburg Mo.</u> | |
| c. LENGTH OF STAY (In this place) <u>1 Year</u> | | d. STREET ADDRESS (If rural, give location) <u>RFD 3 Warrensburg Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Johnson County Home</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) c. (Last) <u>Dean</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 27 1949</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>July 23, 1858</u> |
| 9. AGE (In years last birthday) <u>92</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (State or foreign country) <u>Greely Iowa</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Charles Dean</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>None</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>County Home Records</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Cystitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>enlarged prostate gland</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>48</u> , 19 <u>48</u> , to <u>May 27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 27</u> , 19 <u>49</u> , and that death occurred at <u>2:10</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>W. R. Patterson M.D.</u> | | 23b. ADDRESS <u>Warrensburg Mo. 64089</u> | |
| 23c. DATE SIGNED <u>5-28-49</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>5-28-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Warrensburg Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gweeney-Phillips</u> | |
| DATE REC'D BY LOCAL REG. <u>May 28, 1949</u> | | REGISTRAR'S SIGNATURE <u>Savannah Hutchins</u> | |

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

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9

JUN 1 1940

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.....

Was not Embalmed

Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed *J. Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg, 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, fact should be so stated above.