

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22322

BIRTH NO. 354 REG. DIST. NO. B54 PRIMARY REG. DIST. NO. 6198 Registrar's No. 73

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

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Simmons		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Simmons	
c. LENGTH OF STAY (in this place) 4195		d. STREET ADDRESS (If rural, give location) Cass Jwp	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) STANTON b. (Middle) Field c. (Last) DEAN			4. DATE OF DEATH (Month) (Day) (Year) JUNE 13 1949			
5. SEX M.O	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 10 1858	9. AGE (in years last birthday) 91	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lawrence Co. Ky 1		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME James Riley DEAN		13b. MOTHER'S MAIDEN NAME Emily Walter		14. NAME OF HUSBAND OR WIFE Maude Beam DEAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude Dean	
				18. ADDRESS S. Simmons Mo	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage ANTECEDENT CAUSES (b) Arterio Sclerosis DUE TO (c) Semblly Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 week  331X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1946 to June 7, 1949, that I last saw the deceased alive on June 7, 1949, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE Garrett Lloyd Smith (Degree or title)		23b. ADDRESS Cabool Mo		23c. DATE SIGNED June 14/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 15-49		24c. NAME OF CEMETERY OR CREMATORY Cabool		24d. LOCATION (City, town, or county) (State) Cabool Texas Mo	
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DATE REC'D BY LOCAL REG. 6-14-49		REGISTRAR'S SIGNATURE Gaynell Cunningham 325		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gaylord V. Elliott Cabool Mo	
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RECEIVED 6-17-49

District Health Officer No. 5,

District File Number 649454

Date Filed 6/17/49

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

*Gaylord V. Elliott*

Licensed Embalmer No. 2252

P. O. Address Calool md

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.