

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 27 1949

State File No. 8697  
Registrar's No. 1003

REG. DIST. NO. 318

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8697			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Ill</i>				b. COUNTY <i>999</i>	
b. CITY (If outside corporate limits, write RURAL and give town)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS			
<i>St. Louis</i>				<i>Rt 2. Callerville</i>		<i>N.R. 2</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2231 Lucas</i>				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)		
<i>Cellia</i>			<i>Dean</i>		<i>Dean</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>10-7-49</i>		
5. SEX <i>F 3</i>		6. COLOR OR RACE <i>col.</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Unknown</i>		9. AGE (In years) (Month) (Day) (Year) <i>about 56</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Hallsgersing, Miss. U.S.</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>John Russell</i>			13b. MOTHER'S MAIDEN NAME <i>Cellia McCauley</i>			14. NAME OF HUSBAND OR WIFE <i>Louis Dean</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>John Russell - 2574 Bellvue</i>				
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebrary Embolus</i>				INTERVAL BETWEEN ONSET AND DEATH <i>0</i>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>following an injury to the right leg cause &amp; manner</i>					
				DUE TO (b) <i>and date of same could not be determined</i>					
				DUE TO (c)					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>not be determined</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Accident</i>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Ill 195</i>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Manner of injury unknown</i>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>5:45 P.M.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>John Russell</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>10/10/49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Removed 10-10-49</i>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <i>Hallsgersing Miss.</i>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>Oct 10 1949 J.B. Linsater</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>A.R. Beal</i>		ADDRESS <i>4303 Delmar</i>					

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

**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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4243

P. O. Address 14 May

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.