

FILED APR 11 1950

STANDARD CERTIFICATE OF DEATH

State File No. 7524

00470

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

BIRTH NO.		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 5035		Registrar's No. 59			
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Audrain					
b. CITY (If outside corporate limits, write RURAL and give township) Clark Rt 3 Saline		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) Clark Saline		00470			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt 3				d. STREET ADDRESS (If rural, give location) Rt 3					
3. NAME OF DECEASED (Type or Print) Mary Etha Dean			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH March 24 1950		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 28, 1887	
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Benjamin Turner			13b. MOTHER'S MAIDEN NAME Missie. Henry			14. NAME OF HUSBAND OR WIFE Frank Dean			
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 Frank Dean Clark Mo				ADDRESS	
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) Progressive Paralysis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thyroid Softening DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 weeks 4 years 253 X	
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)		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 June 1947, to March 22, 1960, that I last saw the deceased alive on March 19, 1950, and that death occurred at 7:00 p.m., from the causes and on the date stated above.									
23a. SIGNATURE W. M. McQuinn M.D.				23b. ADDRESS Sturgis Mo		23c. DATE SIGNED 3/25-50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE March 26 1950		24c. NAME OF CEMETERY OR CREMATORY Centralia Mo.		24d. LOCATION (City, town, or county) (State) Centralia Mo.			
DATE REC'D BY LOCAL REG Mar 27 1950		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE Glover J. J. J. J.		ADDRESS Centralia Mo			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 5 1950
District Health Officer No. 10
District File Number 4-50-584
Date Filed APR 5 1950

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 _____

myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Groves Junigan*

Licensed Embalmer No. *4270*

P. O. Address *Centralia, 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.