

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5561

0791

FILED FEB 24 1951

REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) Perryville		c. CITY (If outside corporate limits, write RURAL and give township) Perryville	
c. LENGTH OF STAY (In this place) 80 Years		d. STREET ADDRESS (If rural, give location) 1116 W. St. Joseph St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1116 W. St. Joseph St.			
3. NAME OF DECEASED (Type or Print) Hilary		a. (First) Layton	
		b. (Middle) Dean	
		c. (Last) Dean	
4. DATE OF DEATH (Month) (Day) (Year) February 13, 1951			
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH October 25, 1869	
9. AGE (In years last birthday) 81		10. MONTHS 1	
11. BIRTHPLACE (State or foreign country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	
13a. FATHER'S NAME Peter Dean		13b. MOTHER'S MAIDEN NAME Theresa Layton	
14. NAME OF HUSBAND OR WIFE Mary Louise Gibbar Dean			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Ida Dean, Perryville, 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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis 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 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) (Min.)		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 Nov 21, 1950 , to Feb 13, 1951 , that I last saw the deceased alive on Feb 13, 1951 and that death occurred at 12:30P m. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS Perryville, Mo	
23c. DATE SIGNED 2-14-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 16, 1951	
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope		24d. LOCATION (City, town, or county) (State) Perryville, Mo.	
DATE REC'D BY LOCAL REG. Feb 16, 1951		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Perryville, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 23 1951

DISTRICT HEALTH OFFICE No. 0

File No.....

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed..... *Albert Bey*

Licensed Embalmer No. *3866*

P. O. Address *Peeryville, 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.