

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33517**  
**4610**

FILED NOV 10 1951  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>   |  |
| c. LENGTH OF STAY (In this place) <b>10 yrs</b>   |  | d. STREET ADDRESS (If rural, give location) <b>621 East 14th Street</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital</b>                                 |  |   |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Marion</b> b. (Middle) <b>Earl</b> c. (Last) <b>Dean</b> |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>10 19 1951</b> |   |  |
| 5. SEX <b>Male</b>  |  | 6. COLOR OR RACE <b>Negro</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> |  |
| 8. DATE OF BIRTH <b>12-25-83</b>  |  | 9. AGE (In years last birthday) <b>67</b>   |  | IF UNDER 1 YEAR: Months _____ Days _____                              |  |
| IF UNDER 18 HRS: Hours _____ Min. _____   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |  | 10b. KIND OF BUSINESS OR INDUSTRY                                     |  |
| 11. BIRTHPLACE (State or foreign country) <b>Muskogee, Oklahoma</b>   |  |   | 12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>                  |   |  |

|  |  |                                       |  |  |  |
|--|--|---------------------------------------|--|--|--|
| 13a. FATHER'S NAME <b>Eli Dean</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Jane</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Katherine Dean</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give year or dates of service) <b>World War I</b> |  | 16. SOCIAL SECURITY NO. _____         |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Katherine Dean</b> ADDRESS <b>621 East 14th St.</b> |  |

|  |  |  |  |                                  |  |
|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |  | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute cystitis with perforation and</b>  |  | generalized peritonitis  |  |                                  |  |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES <b>generalized peritonitis</b>   |  |                                  |  |
|  |  | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. |  |                                  |  |
|  |  | DUE TO (b) _____   |  |                                  |  |
|  |  | 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 checked="" 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 **10-17, 1951**, to **10-19, 1951**, that I last saw the deceased alive on **10-19, 1951**, and that death occurred at **8:00 p. m.**, from the causes and on the date stated above.

|   |  |                                   |  |   |  |
|---|--|-----------------------------------|--|---|--|
| 23a. SIGNATURE <b>Frank E. Jones</b> (Degree or title) <b>MD</b>                  |  | 23b. ADDRESS <b>600 East 22nd</b> |  | 23c. DATE SIGNED <b>10-19-51</b>                          |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>                           |  | 24b. DATE <b>10-31-51</b>         |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Highland Cemety</b> |  |
| 24d. LOCATION (City, town, or county) (State) <b>20<sup>th</sup> + Blue Ridge</b> |  |                                   |  |   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <b>10-30-51</b> |  | REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Bryghem + Jones</b> ADDRESS <b>2300 East 18<sup>th</sup></b> |  |
|--|--|--|--|--|--|

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Laurence P. Jones*

Signed.....

Student Embalmer

Licensed Embalmer No. 4429

P. O. Address. 2300 East 18th KC

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.