

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42603**

FILED DEC 27 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 4449 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Huntsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> b. COUNTY <u>Bathurst</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M+M Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1 Jacksonville</u>	

3. NAME OF DECEASED (Type or Print) WILLIAM EDWARD DEAN

a. (First) WILLIAM b. (Middle) EDWARD c. (Last) DEAN

4. DATE OF DEATH (Month) (Day) (Year) Dec-12-1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Sept 24-1883 9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant 10b. KIND OF BUSINESS OR INDUSTRY Restaurant 11. BIRTHPLACE (State or foreign country) Shelby Co. Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William E. Dean 13b. MOTHER'S MAIDEN NAME Margaret Jennings 14. NAME OF HUSBAND OR WIFE Ellie 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. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME John Dean ADDRESS Jacksonville MO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial Regeneration

ANTECEDENT CAUSES DUE TO (b) Coronary Artery Disease

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hyperstatic Pneumonia 3 days

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY YES  NO

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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Dec. 4, 1951, to Dec. 12, 1951, that I last saw the deceased alive on Dec. 12, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Russ M. Esselman D.O. 23b. ADDRESS Huntsville, Mo 23c. DATE SIGNED 12/13/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12-14-1951 24c. NAME OF CEMETERY OR CREMATORY Union Cemetery 24d. LOCATION (City, town, or county) (State) South of Clarence Mo.

DATE REC'D BY LOCAL REG. 12-17-51 REGISTRAR'S SIGNATURE Miss D.A. Barnhart 270 FUNERAL DIRECTOR'S SIGNATURE Snow Funeral Home ADDRESS Shelby Mo

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

Date Received: DEC 20 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 12-51-4  
Date Filed: DEC 20 1951

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.....

*R. M. Carter*

Licensed Embalmer No. *4117*

P. O. Address *Moberly 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.