

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9447

State File No. ....

5. No. 300  
7. 10-48

FILED APR 9 1952

0840

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5968 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Halfway</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Halfway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, Halfway Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Home, Halfway Mo</u>	
3. NAME OF DECEASED a. (First) <u>Mahala</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Dean</u>		4. DATE OF DEATH Month <u>Mar</u> Day <u>31</u> Year <u>1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH Month <u>Sept</u> Day <u>10</u> Year <u>1861</u>
9. AGE (In years, if month last birthday) <u>90</u>	10. USUAL OCCUPATION (This kind of work during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>W. H. Craig</u>		13b. MOTHER'S MAIDEN NAME <u>Amy A. Lee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Leona R. Dean</u> ADDRESS <u>Halfway Mo</u>			
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) <u>General Atherosclerosis</u>  ANTECEDENT CAUSES 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 <u>4500</u>	
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"/> HOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>many years</u> , to <u>death</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>March 16</u> , 19 <u>52</u> , and that death occurred at <u>8:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. H. Bridges M.D.</u> (Degree of title)		23b. ADDRESS <u>Bolivar Mo</u>	
23c. DATE SIGNED <u>4-2-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>April 2/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Schofield Cemetery</u>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>4-4-1952</u>	REGISTRAR'S SIGNATURE <u>Ralph Henderson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Blair</u> ADDRESS <u>Bolivar Mo</u>	

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 Chas Jester  
Licensed Embalmer No. 4154

P. O. Address Bolivar, Md.

**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.