

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12335

ED APR 24 1952

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>4110</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Chariton</u>			
b. CITY OR TOWN <u>Salisbury</u>		c. LENGTH OF STAY (in this place) <u>2 1/2</u>		c. CITY OR TOWN <u>Salisbury</u>		0216	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>207 Hubbar St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Weldon</u> b. (Middle) <u>Allen</u> c. (Last) <u>Dean</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-21-1952</u>				
5. SEX <u>♂</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>1974</u>	
9. AGE (In years last birthday) <u>78</u>		10. KIND OF BUSINESS OR INDUSTRY <u>with bridge</u>		11. BIRTHPLACE (State or foreign country) <u>Randolph Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>			11. BIRTHPLACE (State or foreign country) <u>Randolph Co Mo</u>				
13a. FATHER'S NAME <u>W Allen Dean</u>			13b. MOTHER'S MAIDEN NAME <u>Fannie Alexander</u>		14. NAME OF HUSBAND OR WIFE <u>never married</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lee Dean</u> ADDRESS <u>Salisbury</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, asthenia, etc. It means the disease, injury, or complication which caused death.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</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. <u>Arterio Sclerosis</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		- 4201					
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 <u>4-20, 1952</u> , to <u>4-20, 1952</u> , that I last saw the deceased alive on <u>4-20, 1952</u> , and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Lawton M.D.</u> (Degree or title)				23b. ADDRESS <u>Salisbury Mo.</u>		23c. DATE SIGNED <u>4/21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>4/22/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McCreary</u>		24d. LOCATION (City, town, or county) (State) <u>Salisbury, Mo. Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-22-52</u>		REGISTRAR'S SIGNATURE <u>W. Lawton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred G. Kumpfer</u> ADDRESS <u>Magdon</u>			

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

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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

Mrs. Freda A. Kumpfer

Licensed Embalmer No. *3282*

P. O. Address *.....*

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.