

OC FILED JAN 21 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4622

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>362</u>		PRIMARY REG. DIST. NO. <u>4531</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Warrenton</u>		c. LENGTH OF STAY (in this place) <u>2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		<u>2209</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Memorial Home</u>				d. STREET ADDRESS (If rural, give location) <u>3902 North 22nd St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence</u>		b. (Middle) _____		c. (Last) <u>Dean</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10, 1953</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Apr. 13, 1872</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR (Months) (Day) <u>8 27</u>		IF UNDER 2 HRS. (Hours) (Min.) _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Roofer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Dean</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Thackway</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-05-9243</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Daisy McConnell 4673 Kossuth St. Louis, 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>Chronic Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Develped arteriosclerosis</u> <u>&amp; arteriosclerosis Heart Brain</u> DUE TO (c) <u>Coronary of Stenosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>sub</u> <u>na</u> <u>na</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		<u>151X</u>		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) _____		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>Oct 4 1950</u> , to <u>Jan 10, 1953</u> , that I last saw the deceased alive on <u>Jan 9, 1953</u> , and that death occurred at <u>9:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Naald Holbrook</u>		(Degree or title) _____		23b. ADDRESS <u>W. Hunter No</u>		23c. DATE SIGNED <u>1-12-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-12-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warrenton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-12-53</u>		REGISTRAR'S SIGNATURE <u>Floyd Logan</u> <u>421-01</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F.W. Nieburg &amp; Co., Warrenton, Mo.</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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*John Heiberg*

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.