

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13060

State File No.

FILED APR 8 1953

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY OR TOWN Warrenton		c. CITY OR TOWN Warrenton	
c. LENGTH OF STAY (in this place) 1 mo		d. STREET ADDRESS (If rural, give location) Katie Jane Memorial Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Memorial Home		e. STREET ADDRESS (If rural, give location) Katie Jane Memorial Home	
3. NAME OF DECEASED a. (First) Martin		b. (Middle) Leo	
c. (Last) Dean		4. DATE OF DEATH (Month) (Day) (Year) March 20, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH July 10, 1874
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (State or foreign country) Perry County, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Dairy	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Vincent Dean		13b. MOTHER'S MAIDEN NAME Sarah Layton	
14. NAME OF HUSBAND OR WIFE Ella McCauley		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. 499-20-8163A		17. INFORMANT'S SIGNATURE OR NAME Mrs. Florence Peterson, Chicago, Ill.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia bilateral Hypostatic INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES DUE TO (b) Chronic Hypertension DUE TO (c) Senescent arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ischaemia	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221	
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) (Minute)		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 May 26, 1952 to March 20, 1953 , that I last saw the deceased alive on March 20, 1953 , and that death occurred at 9 p. m. , from the causes and on the date stated above.	
23a. SIGNATURE W. H. ...		23b. ADDRESS W. H. ...	
23c. DATE SIGNED 2-28-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE March 20, 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	
24d. LOCATION (City, town, or county) (State) Perryville, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Albert Bey, Perryville, Mo.	
DATE REC'D BY LOCAL REG. 3-30-53		REGISTRAR'S SIGNATURE Leoyd Logan	

(Licensed Embalmer's Statement on Reverse Side)

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

