

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

16900

State File No.

No. 300
10-48

FILED APR 27 1953

REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4553

Registrar's No.

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

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mansfield</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mansfield</u> <u>1140</u>	
		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>Aurova</u> c. (Last) <u>Dean</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 20 1953</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>NOV. 2, 1880</u>
9. AGE (In years if under 1 year last birthday) Months Days Hours Min. <u>72</u> <u>5</u> <u>18</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John W. Dennis</u>		13b. MOTHER'S MAIDEN NAME <u>Hepzabah Burke</u>	
14. NAME OF HUSBAND OR WIFE <u>TOM DEAN</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruth Holmes, Mansfield 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO "DEATH" (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>331x</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"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 20</u> , 19 <u>53</u> , to <u>April 20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>April 20</u> , 19 <u>53</u> , and that death occurred at <u>11:50</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. J. Kemmerman</u>		23b. ADDRESS <u>D.O. Mansfield Mo</u>	
23c. DATE SIGNED <u>4/21/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-23-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mansfield</u>		24d. LOCATION (City, town, or county) (State) <u>Mansfield MO.</u>	
DATE REC'D BY LOCAL REG. <u>4/21/53</u>		REGISTRAR'S SIGNATURE <u>Frank ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Max J Miller</u>		ADDRESS <u>Mansfield Mo</u>	

WRIGHT CO. HEALTH DEPT.
County File Number 453-57
Date Filed 4-25-53

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 Max J Miller

Licensed Embalmer No. 4720

P. O. Address Manfield 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.