

STANDARD CERTIFICATE OF DEATH

State File No. 31484

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 875

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|---|--|---|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Springfield | | c. LENGTH OF STAY (in this place) Lifetime | | c. CITY OR TOWN Springfield | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 420 West Tampa | | | | e. STREET ADDRESS (If rural, give location) 420 West Tampa 2396 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) VAN | | b. (Middle) RICHARD | | c. (Last) DEAN | | 4. DATE OF DEATH (Month) (Day) (Year) September 14, 1953 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH May 6, 1892 | |
| 9. AGE (In years last birthday) 61 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Frisco Railway | | 11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME John Dean | | 13b. MOTHER'S MAIDEN NAME Marian Hanna | | 14. NAME OF HUSBAND OR WIFE Mrs Mary R Dean | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 488-16-2544 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Mary R Dean, Springfield, Missouri | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Arthritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 8 weeks 15 yrs 15 yrs | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) 4500 | | | |
| 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 Aug 29, 1953, to Sep 7, 1953, that I last saw the deceased alive on Sep 7, 1953, and that death occurred at 1:30 P.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Carl W. Russell M.D. | | | | 23b. ADDRESS 1951 S. National | | 23c. DATE SIGNED Sep 15, 1953 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Sept 17, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Hazelwood Cem. | | 24d. LOCATION (City, town, or county) (State) Springfield, Mo | |
| DATE REC'D BY LOCAL REG. 9-15-53 | | REGISTRAR'S SIGNATURE Edith Williamson | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alma Schmeyer, Springfield, Mo | | | |

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gene C. Hunt*.....

Licensed Embalmer No. *473*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.