No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32709

BIRTH NO. FILED OCT 5 1953 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 238

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

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wabash Employes' Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Route 1, Cairo, Missouri
d. STREET ADDRESS (If rural, give location): 0880

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): C.
c. (Last): JEAN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 26, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2/9/1886
9. AGE (In years last birthday): 67 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switchman, retired
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and State or Foreign Country): Cairo, Missouri. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Sloan S. Jean
13b. MOTHER'S MAIDEN NAME: Mary Dodson
14. NAME OF HUSBAND OR WIFE: Minnie Jean

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.: 492-24-1187
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Minnie Jean, Cairo, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Congestive Heart Failure — Years
DUE TO (c): Hypertensive Heart Disease — "

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Generalized Arteriosclerosis — "

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 443 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/24/53, 19__, *to* 9/26/53, 19__, *that I last saw the deceased alive on* 9/26/53, 19__, *and that death occurred at* 3:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dwight W. Anderson Md. M. D. 0
DWIGHT W. ANDERSON, M.D. Physician in Charge
23b. ADDRESS: 415 Woodland Avenue
23c. DATE SIGNED: 9/26/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/28/1953
24c. NAME OF CEMETERY OR CREMATORY: Grand Prairie
24d. LOCATION (City, town, or county) (State): Cairo, Missouri.

DATE REC'D BY LOCAL REG.: 9-29-53
REGISTRAR'S SIGNATURE: Leah Williams Lowe 0269
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Snow Funeral Home Moberly Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 13 1953

OCT 13 1954

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.