

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 16 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3165

1. PLACE OF DEATH
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).
a. STATE MISSOURI
b. COUNTY RAY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY,

c. CITY OR TOWN RICHMOND

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL

STREET ADDRESS (If rural, give location) 429 E. Lexington

3. NAME OF DECEASED
a. (First) WILLIAM
b. (Middle) ROBERT
c. (Last) DEAN

4. DATE OF DEATH (Month) (Day) (Year)
July 8, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH November 22, 1885

9. AGE (In years last birthday) 68
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) REFINER Former WORK

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and State or Foreign Country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHARLES T. DEAN
Adam Winwaechter

13b. MOTHER'S MAIDEN NAME LEE SCHRYFEGEL
Ella Schriefer

14. NAME OF HUSBAND OR WIFE Grace DEAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes NWT

16. SOCIAL SECURITY NO. 442-03-1110

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Grace Dean Richmond, Missouri

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Prostate
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremia
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH
1 month
1 month
177x

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) VA

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 May 28, 19 54, to July 8, 19 54, that I had seen the deceased ~~and that death occurred at 8:45A m., from the causes and on the date stated above.~~

23a. SIGNATURE (Degree or title) THOMAS J. HANKIN, M.D.

23b. ADDRESS VA Hospital, Kansas City, Mo

23c. DATE SIGNED 7/8/54

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE July 8, 1954

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Richmond, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 7-8-54 Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Quest-Like Funeral Home Richmond Missouri

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 embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....
George H. Hill

Licensed Embalmer No. 409

P. O. Address *Richmond*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.