

FILED MAR 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8819**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY <b>MARION</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MARION 0644</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HANNIBAL 1</b>		c. CITY OR TOWN <b>HANNIBAL</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>11 YRS</b>		e. STREET ADDRESS (If rural, give location) <b>721 BENLOMAND</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>721 BENLOMAND</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>LOUISE</b> c. (Last) <b>DEAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAR 16 1955</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH (If under 1 year last birthday) Months Days Hours Min. <b>NOV 7 1864 90</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>UNIONTOWN PENN 1</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>			

13a. FATHER'S NAME <b>BENJAMIN M. CHALFANT</b>	13b. MOTHER'S MAIDEN NAME <b>ALICE A. LIN</b>	14. NAME OF HUSBAND OR WIFE <b>WILLIAM B. DEAN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Medford Tyson - Hannibal, Mo</b>	ADDRESS <b>Hannibal, Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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	20. AUTOPSY? <b>334X</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 **2-15**, 19**55**, to **3-16**, 19**55**, that I last saw the deceased alive on **3-15**, 19**55** and that death occurred at **5:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W H Airdy M.D.</b>	(Degree or title)	23b. ADDRESS <b>Hannibal Mo</b>	23c. DATE SIGNED <b>3-18-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>MARION 19-1955</b>	24b. DATE <b>3-19-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>UPCHUREN</b>	24d. LOCATION (City, town, or county) (State) <b>NORWICH KANSAS</b>
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DATE REC'D BY LOCAL REG. <b>3-18-55</b>	REGISTRAR'S SIGNATURE <b>Dr. Em. Lucke</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Edgar A. Lucke</b>	ADDRESS <b>Hannibal, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 22 1955  
MARION CO. HEALTH DEPT.  
DATE FILED MAR 22 1955

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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..... *Ralph Clark*

Licensed Embalmer No. *4121*

P. O. Address *Harmon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.