

FILED MAY 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11166

State File No. 5135

Registrar's No. 287

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 5135		State File No. 5135		Registrar's No. 287	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Butler					
b. CITY (If outside corporate limits, write RURAL and give town) Fisk (Rural)			c. LENGTH OF STAY (in this place) 16 yrs		c. CITY OR TOWN Fisk, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Ash Hill Twp.				STREET ADDRESS (If rural, give location) Fisk, Mo. Route 1					
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle) W		c. (Last) Dean		4. DATE OF DEATH (Month) (Day) (Year) 4 22 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 28, 1883		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lake County, Tennessee			12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Joe Dean			13b. MOTHER'S MAIDEN NAME Jennie Lawrence			14. NAME OF HUSBAND OR WIFE Fannie Dean			
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.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Fannie Dean Fisk, Mo. Rte 1					
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) Coronary heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with return 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 4-5-55	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201						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) m.		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 7-21, 1955, to 4-22, 1955, that I last saw the deceased alive on 4-21, 1955, and that death occurred at 12:55 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. H. Hanchman M.D.						23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 5-3-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-24-1955		24c. NAME OF CEMETERY OR CREMATORY Ash Hill Cemetery		24d. LOCATION (City, town, or county) (State) Ash Hill, Missouri			
DATE REC'D BY LOCAL REG. 5/14/55		REGISTRAR'S SIGNATURE J. A. Muehle		25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch, Poplar Bluff, Mo.		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED
MAY 10 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

MS
APR 12 1955

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 4-22-JJ, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 293

P. O. Address Caplan Bk

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.