

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 23 1955

State File No. **27387**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give town) Rivermines	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Rivermines	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		STREET ADDRESS (If rural, give location) 13 Hill St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Nora	b. (Middle) Ellen	c. (Last) Dees	4. DATE OF DEATH (Month) (Day) (Year) Aug 11, 1955
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 30, 1887	9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 10 Days 11 IF UNDER 2 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Madison County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Henry Cozean	13b. MOTHER'S MAIDEN NAME Mary Ann Cook	14. NAME OF HUSBAND OR WIFE William Dees Sr.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME William Dees Sr. ADDRESS Rivermines, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4h.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic heart disease DUE TO (c) coronary interstitial nephritis.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension 4200			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I, hereby certify that I attended the deceased from **April, 1955**, to **July 11, 1955**, that I last saw the deceased alive on **8-7, 1955**, and that death occurred at **2:00A m.**, from the causes and on the date stated above.

23a. SIGNATURE W. C. Gache M.D. (Degree or title)	23b. ADDRESS Desloge, Missouri	23c. DATE SIGNED 8-13-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug-14-1955	24c. NAME OF CEMETERY OR CREMATORY Snowdenville Ceme	24d. LOCATION (City, town, or county) (State) Madison Co., Missouri
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DATE REC'D BY LOCAL REG. Aug. 13, 1955	REGISTRAR'S SIGNATURE Ether Redloff	25. FUNERAL DIRECTOR'S SIGNATURE Murphy L. Sparks ADDRESS Flat River, Mo
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

(Licensed Embalmers' Statement on Reverse Side)

JAN 26 1958

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 *Murphy Sparks*

Licensed Embalmer No. *42*
P. O. Address *Had River*

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.