

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39845

State File No.

FILED JAN 3 - 1958

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 345

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (in this place) <u>18 month</u>	c. CITY OR TOWN <u>Kansas City</u>	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 <u>State Hospital #1</u>		e. STREET ADDRESS (If rural, give location) <u>2207 Lyons</u>	

30771

3. NAME OF DECEASED (Type or Print) a. (First) <u>Van</u> b. (Middle) <u>Deane</u> c. (Last) <u>Deane</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 27 1955</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>May 6 1881</u>
9. AGE (In years last birthday) <u>73</u>		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) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>D.K.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Perry Deane</u>	13b. MOTHER'S MAIDEN NAME <u>Jame Comb</u>	14. NAME OF HUSBAND OR WIFE <u>D.K.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>D.K.</u>
17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records, Fulton, Mo.</u> ADDRESS		

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH
		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. <u>4500</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 Mar, 1954, to Dec 27, 1955, that I last saw the deceased alive on Dec 26, 1955, and that death occurred at 21:1A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank Nicholas M.D. by A.C. Kepler, M.D.</u>		23b. ADDRESS <u>State Hospital, Fulton, Mo.</u>	23c. DATE SIGNED <u>12/27/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-31-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>State Hosp. Cemetery, Fulton, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec. 30 - 1955</u>	REGISTRAR'S SIGNATURE <u>Maritta Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Winks</u> ADDRESS <u>Fulton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address

**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.**