0.300
0.48

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

FILED JUN 14 1956

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 17757

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5231

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Frisco Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Oklahoma
b. COUNTY: Comanche
c. CITY OR TOWN: Fletcher
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): --

8350 8

**3. NAME OF DECEASED** (Type or Print)
a. (First): Calvin
b. (Middle):
c. (Last): Dees

**4. DATE OF DEATH** (Month) (Day) (Year): May 31, 1956

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Aug. 3, 1923
**9. AGE** (In years last birthday): 32 — 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): Railroad Worker
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): Silo, Oklahoma
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: J. Z. Dees
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Zelda Dees

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil.
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Zelda Dees, Fletcher, Oklahoma,

**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) Pulmonary Embolism; Brain Injury; suffered in auto accident on May 19th 1956 in vicinity of Elgin, Oklahoma

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.*

Cause and Manner of same could not be determined

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**

8259
33

**20. AUTOPSY?** YES ☒ NO ☐

**21a. ACCIDENT, SUICIDE, HOMICIDE** (Specify): Open Verdict
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): ~~E 818.4~~
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 230A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Joseph M. Lunn Dept. Tower
**23b. ADDRESS**: 1300 Clark
**23c. DATE SIGNED**: 5/31/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 5-31-56
**24c. NAME OF CEMETERY OR CREMATORY**: Local
**24d. LOCATION** (City, town, or county) (State): Fletcher, Oklahoma,

**DATE REC'D BY LOCAL REG.**: MAY 31 1956
**REGISTRAR'S SIGNATURE**: J. Carl Smith MD
M JB

**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Albert H. Hoppe 4700 Washington,

(Licensed Embalmer's Statement on Reverse Side)

JUN 14 1956

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed G. W. Wilkinson

Licensed Embalmer No. 35

P. O. Address St. Lou

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