

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41122**

FILED JAN 7 1957

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1188

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

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>	c. CITY OR TOWN <u>HARTVILLE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHNS HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>NEAR RAYBORN, MO. WRIGHT COUNTY 11401</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>V.</u> c. (Last) <u>DEAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 31-56</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 2 1904</u>
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>RAYBORN MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>J.A. DEAN</u>	
13b. MOTHER'S MAIDEN NAME <u>SARAH WHITTINGTON</u>		14. NAME OF HUSBAND OR WIFE <u>ETHEL LATHROM 'DEAN'</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Dean Hartwell, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>38 days</u>	
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 <u>11-23</u> , 19 <u>56</u> to <u>12-31</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12-31</u> , 19 <u>56</u> , and that death occurred at <u>11:25 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Harold E. Shuman, MD</u> (Degree or Title)		23b. ADDRESS <u>Springfield, Mo.</u>	
23c. DATE SIGNED <u>1-3-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried at Springfield</u>	
24b. DATE <u>12-31-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hickory</u>	
24d. LOCATION (City, town, or county) (State) <u>mta. Grove, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rev. Barb</u> ADDRESS <u>mta. Grove</u>	
DATE RECD BY LOCAL REG. <u>1-4-57</u>		REGISTRAR'S SIGNATURE <u>Paula Williamson</u>	

JAN 25 1957

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 *R. W. Barber*

Licensed Embalmer No. *384*

P. O. Address *May Ave*

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.