

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002008
STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 385 Primary Registration District No. 3639 Registrar's No. 18

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Linn</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Linn</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Marceline</i>		c. CITY OR TOWN <i>Marceline</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Florence Rest Home</i>		d. STREET ADDRESS (If outside, give location) <i>122 West Booker</i>	
Length of stay in 1b: <i>28 months</i>		e. Resident on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>ELIZABETH JANE DEAN</i>			4. DATE OF DEATH Month Day Year <i>January 19, 1959</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 17, 1872</i>	9. AGE (In years last birthday) <i>86</i>	10. FUNDED 1 YEAR IF UNDER 24 HRS. Months <i>11</i> Days <i>2</i> Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>Louisy City, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>James Combs</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Jane McQuarry</i>	14. NAME OF HUSBAND OR WIFE <i>Thomas Dean (deceased)</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Bertha Cheek, Linn, Missouri</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia and atelectasis</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Carcinoma of lung</i>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Possible pericarditis, Emphysema, Chronic pulmonary</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <i>1956</i> to <i>Jan 1959</i> and last saw her alive on <i>Jan 11, 1959</i> Death occurred at <i>6:30</i> p.m. on the date stated above; and to the best of my knowledge, from the causes stated	22a. SIGNATURE <i>George J. [Signature]</i> (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<i>Burial</i>	<i>Jan. 22, 1959</i>	<i>Rose Hill Cemetery</i>	<i>Brookfield, Missouri</i>

24. FUNERAL DIRECTOR <i>Hill Funeral Home, Brookfield, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>1-21-59</i>	26. REGISTRAR'S SIGNATURE <i>Bessie Owens</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Gerald J. Wade*

Licensed Embalmer No. *4172*

P. O. Address *Brown*

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.