THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005009

STATE FILE NUMBER

FILED MAR 10 1959 Registration District No. 101 Primary Registration District No. Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Douglas
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Ava — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Douglas
c. CITY OR TOWN Ava 0340 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Amanda Middle Last Dean

4. DATE OF DEATH Month March Day 4 Year 1959

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH Apr. 1, 1876

9. AGE (In years last birthday) 82 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Douglas County, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME General Johnson

13b. MOTHER'S MAIDEN NAME -- - Fletcher

14. NAME OF HUSBAND OR WIFE Cornelius Dean

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 Mrs. Hazel Dixon, Address Brownbranch, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia - terminal — INTERVAL BETWEEN ONSET AND DEATH: 2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Heart Failure — 0
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 493X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Mar. 1, 1959 to Mar 4/59 and last saw her/him alive on Mar 4/59
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] M.D.

22b. ADDRESS Box 415 Ava, Mo

22c. DATE SIGNED Mar 5/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3-7-59

23c. NAME OF CEMETERY OR CREMATORY Dean

23d. LOCATION (City, town, or county) (State) Brownbranch, Missouri

24. FUNERAL DIRECTOR Clinkingbeard Funeral Home, Ava, Mo. — ADDRESS

25. DATE RECD. BY LOCAL REG. Mar. 5-59

26. REGISTRAR'S SIGNATURE Vestal Bushman

(Licensed Embalmer's Statement on Reverse Side)

All disease or injury must be completely reported.

SEE EXPLANATORY LETTER BELOW. TYPEWRITE IF POSSIBLE

Re Sec 5 Sub 2

APR 7 1959

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Lyle G. Blackingbeard

Licensed Embalmer No. 4830

P. O. Address Aug., Me.

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