

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010036  
STATE FILE NUMBER

FILED MAR 27 1959

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 44

51  
300  
-57

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Monett</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Monett</b> (551)
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1000 6th St.</b>		Length of stay in lb <b>3 years</b>	d. STREET ADDRESS (If outside, give location) <b>1000 6th Street</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Raymond Francis Means</b>			4. DATE OF DEATH Month Day Year <b>Mar. 15, 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 7, 1898</b>
9. AGE (In years last birthday) <b>60</b>		FUNDER 1 YEAR Months Day Hours Min. <b>8 8</b>	IF UNDER 24 HRS. Hours Min. <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Lawrence County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Asa Means</b>	
13b. MOTHER'S MAIDEN NAME <b>Cora Miller</b>		14. NAME OF HUSBAND OR WIFE <b>Wilma Means</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-24-2439</b>	17. INFORMANT Address <b>Mrs. Raymond Means, Monett</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 Weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerosis Sclerosis</b>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Aspiration</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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
21. I attended the deceased from <b>3-2-59</b> to <b>3-10-59</b> and last saw her alive on <b>3-15-59</b> Death occurred at <b>3:30 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) <b>Frank J. Burr M.D.</b>		22b. ADDRESS <b>Monett Mo</b>	22c. DATE SIGNED <b>3-16-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/17/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>IOOF</b>	23d. LOCATION (City, town, or county) (State) <b>Monett, Missouri</b>
24. FUNERAL DIRECTOR <b>J. D. Buchanan, Monett, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-16-59</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. P. H. Cook</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in their report. No symptoms were observed. All diseases in Part I must be causally related.

DATE REC. 3-28-87

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 *J.A. Buchanan* .....

Licensed Embalmer No. 3179.....

P. O. Address Monett, Mo. ....

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.