

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018503

STATE FILE NUMBER

FILED MAY 18 1959

Registration District No. 242 Primary Registration District No. 4362 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>MISSOURI</u> b. COUNTY <u>New Madrid</u> (If institution)					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Morehouse</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Morehouse</u> <u>1722</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>family home</u>			Length of stay in lb <u>20 years</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Monroe</u> Middle <u>C</u> Last <u>Dement</u>				4. DATE OF DEATH Month <u>May</u> Day <u>5</u> Year <u>1959</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>cauc.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 16, 1894</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Matthews, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Jefferson Dement</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Armstrong</u>			14. NAME OF HUSBAND OR WIFE <u>Marie Dement</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>Yes</u> (If so, give dates of service)			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs. Marie Dement</u> Address <u>Morehouse, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute coronary thrombosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>		
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (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) <u>4201</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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.)						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____									
20d. INJURY OCCURRED WHILE AT <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 <u>5-5-59</u> to <u>5-5-59</u> and last saw him alive on <u>5-5-59</u> Death occurred at <u>5:50 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Am Dement, M.D.</u> (Degree or title)				22b. ADDRESS <u>Morehouse, Mo.</u>			22c. DATE SIGNED <u>5-6-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)		
<u>burial</u>		<u>5/7/59</u>	<u>Triplett Cemetery</u>		<u>Dexter, Missouri</u>		<u>R# 1</u>		
24. FUNERAL DIRECTOR <u>Watkins &amp; Sons</u> Address <u>Morehouse, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>5-7-59</u>		26. REGISTRAR'S SIGNATURE <u>Nathaniel M. Bain</u>			

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be country reported.

MAY 19 1959

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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 *Earl Walker* .....

Licensed Embalmer No. *4964* .....

P. O. Address *.....*

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.