

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020232  
STATE FILE NUMBER

Registration District No. 370 Primary Registration District No. 6258 Registrar's No. \_\_\_\_\_

FILED JUN 12 1959

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Wrayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>DUNKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>COLDWATER, MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>MALDEN</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>RESIDENCE</u>		Length of stay in lb <u>7 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>305 S. KIMBALL</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>JESSE ANDERSON DEEN</u>			4. DATE OF DEATH Month Day Year <u>MAY 24 1959</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-14-1882</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 <u>FARMER</u>	9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
11a. BIRTHPLACE (City and state or country) <u>BROOKPORT, ILL., U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>SAGE DEEN</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH J.</u>	
14. NAME OF HUSBAND OR WIFE <u>FANNIE REBECCA DEEN</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. <u>488-12-8582-A</u>		17. INFORMANT, Address <u>FANNIE DEEN, MALDEN, MO.</u>	
18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of the lungs.</u> Conditions, if any, which gave rise to above cause (a), stating 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>1539</u>			INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
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.) <u>1539</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May 17</u> to <u>59</u> and last saw <sup>her</sup> him alive on <u>May 23-59</u> Death occurred at <u>6:35 A.</u> on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) <u>O.A. Myers, M.D.</u>		22b. ADDRESS <u>Coldwater, MO.</u>	
22c. DATE SIGNED <u>May 24-59</u>		22d. LOCATION (City, town, or county) (Sign) <u>MO.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-26-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	23d. LOCATION (City, town, or county) (Sign) <u>MALDEN MO.</u>
24. FUNERAL DIRECTOR <u>DAY &amp; KNIGHT, MALDEN, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>6-11-59</u>	26. REGISTRAR'S SIGNATURE <u>Bretta Ward</u>

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FILE NO.  
MAINE CO. HEALTH CENTER

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. S. Korman*.....  
Licensed Embalmer No. *4086*.....

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

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.