

FILED VS JUN 13 1960

132

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY GRUNDY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY GRUNDY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FRANKLIN TOWNSHIP		Length of stay in 1b		c. CITY OR TOWN SPICKARD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JOHN Middle CLIFFORD Last DEAN				4. DATE OF DEATH Month JUNE Day 4 Year 1960					
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-6-1894	9. AGE (last birthday) 66		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MERCER CO. MO.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME JACOB DEAN			13b. MOTHER'S MAIDEN NAME ARMINDA WENDT			14. NAME OF HUSBAND OR WIFE MAUDE K. DEAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 488-22-7599		17. INFORMANT MAUDE K. DEAN			Address SPICKARD MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Obstruction							INTERVAL BETWEEN ONSET AND DEATH 30min		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Arterio-sclerosis					DUE TO (c) Five Years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 16.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from Jan. 1958 to June 4-1960 and last saw her alive on June 2-1960 Death occurred at 9:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE W. H. Haubler M.D. (Degree or title)				22b. ADDRESS Prenton, Mo.				22c. DATE SIGNED June 4-1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-6-1960	23c. NAME OF CEMETERY OR CREMATORY COON CEMETERY		23d. LOCATION (City, town, or county) (State) MERCER CO. MO				
24. FUNERAL DIRECTOR SCHOOLER FUNERAL HOME SPICKARD MO.			ADDRESS		25. DATE RECD. BY LOCAL REG. 6/6/60		26. REGISTRAR'S SIGNATURE Gene J. ...		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ross Wiso

Licensed Embalmer No. 3771

P. O. Address Spickard 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.