

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-024297

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 178

STATE FILE NUMBER

FILED AUG 1 1961

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FUNTON, MO</u>		Length of stay in 1b <u>15 yrs.</u>	c. CITY OR TOWN <u>ST. LOUIS</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>STATE HOSP MO1</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1003 W. GARRISON</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES EDWARD DEAN</u>			4. DATE OF DEATH Month Day Year <u>JULY 29 1961</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>NEGRO</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 08 56</u>	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>56</u>		
10a. USUAL OCCUPATION (Give kind of work done during most working life even if retired) <u>HOB CARBETTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>US</u>		
13a. FATHER'S NAME <u>WADE H. DEAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY REYNOLDS</u>		14. NAME OF HUSBAND OR WIFE <u>LINNIEMAH DEAN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) <u>Y</u>		16. SOCIAL SECURITY NO. <u>20</u>	17. INFORMANT Address <u>HOSPITAL RECORDS Fulton Ave</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>CORONARY EMBOLISM</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>SYPHILITIC MENINGO ENCEPHALITIS</u>	
	DUE TO (c)	

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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter location 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 <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 HOSPITAL JAN. 31. 46 to JULY 29. 61 and last saw him alive on JULY 29. 61  
Death occurred at 5 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>P. C. Robertson M.D.</u>	22b. ADDRESS <u>FULTON, MO</u>	22c. DATE SIGNED <u>7/29/61</u>
-----------------------------------------------------------------	-----------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Aug 1, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Louis, Missouri</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
-------------------------------------------------------------	---------------------------------	------------------------------------------------------------------	-----------------------------------------------------------------------------

24. FUNERAL DIRECTOR <u>George H. Deane, 821 State</u>	ADDRESS <u>Fulton Mo</u>	25. DATE RECD. BY LOCAL REG. <u>July 31 - 1961</u>	26. REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>
-----------------------------------------------------------	-----------------------------	-------------------------------------------------------	------------------------------------------------------

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
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 me,

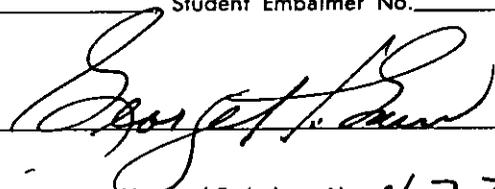
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 4770

P. O. Address Dulles, VA

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.