

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026281

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 50 Primary Registration District No. 5180 Registrar's No. 45

FILED AUG 14 1962

VS 300  
Rev. 4/59

1 0150  
2 0150

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4 0  
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7 1  
8 2  
9 420-1  
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12 90-2  
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Camden</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>                         |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Warren</u>   |   | Length of stay in 1b<br><u>25 yrs</u>   | c. CITY OR TOWN <u>Decaturville</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Linn Creek Star Route</u>  |   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>Linn Creek Star Route</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Benjamin</u> Middle _____ Last <u>Dean</u>  |   | 4. DATE OF DEATH<br>Month <u>Aug</u> Day <u>5</u> Year <u>1962</u>  |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Sept. 17-1877</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u>   | 9. AGE (last birthday)<br><u>74</u>  |
| 11a. FATHER'S NAME<br><u>Edward Dean</u>   |   | 11b. MOTHER'S MAIDEN NAME<br><u>Un-known</u>  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |   | 16. SOCIAL SECURITY NO.<br><u>no</u>  | 17. INFORMANT<br><u>Mrs Katherine Larabee, Decaturville Mo.</u>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u>   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 min</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Coronary Thrombosis</u>  |   |   | <u>5 min</u>   |
| DUE TO (c) <u>Arteriosclerosis</u>   |   |   | <u>years.</u>  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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 <u>1958</u> to <u>Aug 5, 1962</u> last saw him alive on <u>June 1962</u><br>Death occurred at <u>7:30</u> <u>p</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE<br><u>Kenneth E. Witek</u>  |   | 22b. ADDRESS<br><u>Camden, Mo.</u>  |  |
| 22c. DATE SIGNED<br><u>8/8/62</u>  |   |   |  |
| 23a. BURIAL CREATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>Aug 9-1962</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Decaturville Cemetery</u>  | 23d. LOCATION (City, town, or county)<br><u>Decaturville Mo</u>  |
| 24. FUNERAL DIRECTOR<br><u>Robert H. Reed, Camden Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>Aug. 9-1962</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Zilpha J. Drew</u>   |

USE BLACK INK OR TYPEWRITER RIBBON

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 Robert H Reef

Licensed Embalmer No. 3745

P. O. Address Camdenton 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.