

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041489

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registered District 14 Primary Registration District No. 3002 Registrar's No. 350

FILED NOV 2 1962

VS 300  
Rev. 4/59

1 0047  
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12 91-3  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Audrain</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		Length of stay in 1b <b>32 yrs</b>	c. CITY OR TOWN <b>Mexico</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deans Sundries</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>816 N. Washington</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Kenneth Preston Dean</b>		4. DATE OF DEATH Month Day Year <b>November 13, 1962</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/2/22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager (Store)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Drug Sundries</b>	11. BIRTHPLACE (City and state or country) <b>Bevier, Mo.</b>
13a. FATHER'S NAME <b>Claude A. Dean</b>		13b. MOTHER'S MAIDEN NAME <b>Alva Gipson</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WWII</b>		17. INFORMANT Address <b>Mrs. Mildred Dean Mexico, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>
IMMEDIATE CAUSE (a) <b>High cervical cord injury</b>			
DUE TO (b) <b>gun shot wound</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)			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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 Month, Day, Year a.m. p.m.			
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 <b>Nov. 13, 1962</b> to _____ and last saw her/him alive on _____ Death occurred at <b>Approx 7:05</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>William W. Bradley M.D., Coroner</b>		22b. ADDRESS <b>Box 178, Farber, Mo.</b>	22c. DATE SIGNED <b>11-15-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/15/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Mem. Park</b>	23d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Arnold Funeral Home Mexico, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov 15-1962</b>	26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>

USE BLACK INK OR TYPEWRITER RIBBON

Amendments on this record are as follows  
**William W. Bradley M.D. Coroner**

NOV 28 1962

NOV 21 1962

DEC 19 1962

JAN 24 1963

MAY 7 1963

**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 *Clara Arnold*

Licensed Embalmer No. 3569

P. O. Address Milwaukee, Wis

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.