

FILED JAN 22 1951.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 3594BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wash twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> <u>0485</u>	
c. LENGTH OF STAY (in this place) <u>1-5-57</u>		d. STREET ADDRESS (If rural, give location) <u>1309 So. Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES WILLIAM</u> b. (Middle) <u>DEAN</u> c. (Last) <u>DEAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-5-57</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-18-85</u>
9. AGE (In years last birthday) <u>65 1/2</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Ark. 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>J.R. Dean</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Gurfrey</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Bertie Dean</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war & dates of service)	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital record, Nevada</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of Right hip.</u> <u>Freezing to death.</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>7-7-</u> , 19 <u>49</u> , to <u>1-5-</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>1-4-</u> , 19 <u>57</u> , and that death occurred at <u>4.10 a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. H. Hall M.D.</u>		23b. ADDRESS <u>Nevada Mo</u>	23c. DATE SIGNED <u>1-5-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-5-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>
DATE REC'D BY LOCAL REG. <u>Jan. 11-1957</u>	REGISTRAR'S SIGNATURE <u>Nathyn H. Yancey</u> <u>331</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. Carson Funeral Home, Independence Mo.</u>	

(Licensed Embalmer) Statement on Reverse Side

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300

10. 48

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 18 1951

Cust. File 151-15-2

Date Filed 1-18-51

VS JUL 31 1961

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
Student Embalmer.

Signed Marsh E. Echeverre

Licensed Embalmer No. 2656

P. O. Address Nevada 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 this body is not embalmed, fact should be so stated above.