

FILED NOV 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34114

State File No.

BIRTH NO. 124 REG. DIST. NO. 1603 PRIMARY REG. DIST. NO. 5796 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WASHINGTON</u>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>RURAL VALLE</u>) c. LENGTH OF STAY (In this place) <u>hr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CADET</u> <u>11001</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hi WAY 21</u>		d. STREET ADDRESS (If rural, give location) <u>RR 1 Box 274</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>ALICE</u> c. (Last) <u>DEAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 28 1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 18 1896</u>
9a. AGE (In years last birthday) <u>55</u>		9b. UNDER 1 YEAR Months Days	9c. UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>CARINDOLET MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>TOJULE TROKEY</u>	
13b. MOTHER'S MAIDEN NAME <u>EMMA DECLUE</u>		14. NAME OF HUSBAND OR WIFE <u>DAILEY THOMAS DEAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>498-22-0324</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillian DEAN R1 CADET MO</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unavoidable auto accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Valle Jeff. MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Oct 28 AM 7:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto accident</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23. SIGNATURE <u>H. Rumberger</u> (Degree or title) <u>Acting Coroner</u>		23b. ADDRESS <u>Westboro Mo.</u>	23c. DATE SIGNED <u>10/30/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT 31 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>OLD MINES MO.</u>
DATE REC'D BY LOCAL REG. <u>11-2-51</u>	REGISTRAR'S SIGNATURE <u>Marie Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Daniel M. ...</u>	ADDRESS <u>...</u>

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 11-5-51

MAR 29 1952

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 Dannie J. Mahan

Licensed Embalmer No. 4326

P. O. Address Redd, 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.