

No. 300
EV. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Horton
12602
State File No.

FILED APR 28 1952

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2400</u>		Registrar's No. <u>401</u>	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI COUNTY JACKSON CITY GREENE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) 1 DAY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 7522 WYOMING		3928	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN HOSP.				d. STREET ADDRESS (If rural, give location) KANSAS CITY			
3. NAME OF DECEASED (Type or Print) a. (First) DEANA b. (Middle) JO c. (Last) DEAN			4. DATE OF DEATH (Month) (Day) (Year) APRIL 21, 1952				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JULY 17 1949		9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME A. J. DEAN		13b. MOTHER'S MAIDEN NAME MADALINE McALLISTER		14. NAME OF HUSBAND OR WIFE X			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. J. DEAN NORTH KANSAS CITY, MO.			
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) Basal Skull Fracture Cerebral Concussion. ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH 6 hrs. 6 hrs.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 133				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Horton Road		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield, Greene Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 21 1952 8:30 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto Accident			
22. I hereby certify that I attended the deceased from April 21, 1952 , to April 21, 1952 , that I last saw the deceased alive on April 21, 1952 , and that death occurred at 5:45 PM , from the causes and on the date stated above.							
23a. SIGNATURE James D. Horton M.D. (Degree or title)				23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 4/22/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/24/52		24c. NAME OF CEMETERY OR CREMATORY Fairfax Cemetery		24d. LOCATION (City, town, or county) (State) FAIRFAX, OKLA.	
DATE REC'D BY LOCAL REG. 4-23-52		REGISTRAR'S SIGNATURE James D. Horton M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. LOHMEYER SPRINGFIELD, MO.			

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Walter C. Hamilton

Signed.....
Student Embalmer

Licensed Embalmer No. 3808

P. O. Address SPRINGFIELD, 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.