

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Moberly
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 902 W Reed St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Moberly
d. Is Residence within limits of a city or incorporated town? Yes No
STREET ADDRESS (If rural, give location) 902 W. Reed. St 0883

3. NAME OF DECEASED
a. (First) William b. (Middle) Harvey c. (Last) Dean
4. DATE OF DEATH (Month) (Day) (Year) Feb 13 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 21 1872 9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 5 Days 22 IF UNDER 24 HRS. Hours 5 Mins. 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd. Plumber
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTH-PLACE (City and State or Foreign Country) Ill
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Taylor Dean 13b. MOTHER'S MAIDEN NAME Nancy Magard 14. NAME OF HUSBAND OR WIFE Mary Dean

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.
17. INFORMANT'S SIGNATURE OR NAME Mrs. W.H. Dean ADDRESS Moberly, 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, ashenia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia
ANTECEDENT CAUSES
DUE TO (b) Myocarditis
DUE TO (c) Cardio-vascular-renal syndrome
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. similarity
INTERVAL BETWEEN ONSET AND DEATH
1 day
year
year
year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? 442X YES NO

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) (Minute)
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952 to Feb, 1952, that I last saw the deceased alive on 2-13, 1955, and that death occurred at 1:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.H. McConick D.D. 23b. ADDRESS 300 1/2 Reed St. Moberly Mo 23c. DATE SIGNED 2-14-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-15-55 24c. NAME OF CEMETERY OR CREMATORY Oakland 24d. LOCATION (City, town, or county) (State) Moberly, Mo

DATE REC'D BY LOCAL REG. 2-15-55 REGISTRAR'S SIGNATURE Rebecca Louise Mahan 25. FUNERAL DIRECTOR'S SIGNATURE Rebecca Louise Mahan ADDRESS Moberly, Mo

WRITE PLAINLY—USING UNFADEING 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Frank S. Witt*.....

Licensed Embalmer No. *3021*

P. O. Address *Moberly, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.