No. 300
10.48

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

FILED NOV 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33905

State File No.

BIRTH NO. REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 0638 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bates City Rural
c. LENGTH OF STAY (in this place): 50ys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 Miles South Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Lafayette
c. CITY OR TOWN: Bates City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): 6 Miles South

3. NAME OF DECEASED (Type or Print)
a. (First): Elknah
b. (Middle): Birt
c. (Last): Dean

4. DATE OF DEATH (Month) (Day) (Year): Nov 3 1955

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 15 1868
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Bates City Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry Dean
13b. MOTHER'S MAIDEN NAME: Susane Wilkinson
14. NAME OF HUSBAND OR WIFE: Martha Wilkinson 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.: None
17. INFORMANT'S SIGNATURE OR NAME: Martha Wilkinson Dean
ADDRESS: Bates 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — 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) Senility
DUE TO (c) Cardio-Renal Vascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
412X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: No Operation
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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) m.:
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 *, 19* 55 *, to* 11-3 *, 19* 55 *, that I last saw the deceased alive on* 11-3 *, 19* 55 *, and that death occurred at* 10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: M Martin MD (Degree or title)
23b. ADDRESS: Odessa Mo
23c. DATE SIGNED: 11-9-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 5 1955
24c. NAME OF CEMETERY OR CREMATORY: Chaple Hill
24d. LOCATION (City, town, or county) (State): Bates City Mo

DATE REC'D BY LOCAL REG.: 11-4-1955
REGISTRAR'S SIGNATURE: Emma Davidson
25. FUNERAL DIRECTOR'S SIGNATURE: Webb Funeral Home
ADDRESS: Oak grove Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R B C Webb

Licensed Embalmer No. 235

P. O. Address Blue Springs

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.