

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8519**
85

FILED MAR 29 1956

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

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 85	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -- a. STATE Missouri b. COUNTY Miller			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Lake Ozark		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				e. STREET ADDRESS (If rural, give location) Edge Water Beach Resort			
3. NAME OF DECEASED (Type or Print) a. (First) DELBERT		b. (Middle) MICHAEL		c. (Last) DEAN		4. DATE OF DEATH (Month) (Day) (Year) Mar. 17, 1956	
5. SEX <input checked="" type="checkbox"/> Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED; DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 2, 1902	
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months 55 Days		IF UNDER 24 HRS. Hours 55 Min.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Resort Owner		10b. KIND OF BUSINESS OR INDUSTRY Tourist Court		11. BIRTHPLACE (City and State or Foreign Country) Beaver Crossing, Neb.			
13a. FATHER'S NAME William Dean		13b. MOTHER'S MAIDEN NAME Belle Booth		14. NAME OF HUSBAND OR WIFE Clara D. Dean			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME Bill Dean		ADDRESS Lake Ozark, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Coronary Thrombosis 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 days 6 days	
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 3-12-1956 to 3-17-1956 , that I last saw the deceased alive on 3-17-1956 , and that death occurred at 7:15P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Earl L. Loyd M.D.				23b. ADDRESS Jeff. City, Mo.		23c. DATE SIGNED 3-19-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 21-56		24c. NAME OF CEMETERY OR CREMATORY Utica		24d. LOCATION (City, town, or county) (State) Utica, Nebraska	
DATE REC'D BY LOCAL REG 27 March 1956		REGISTRAR'S SIGNATURE R.P. Davis M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Wm. A. Phillips		ADDRESS Utica, Mo.	

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 *Louis H. Phillips*.....

Licensed Embalmer No. *366*

P. O. Address *Cedar*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.