

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36777**

FILED OCT 29 1956

| | | | | | | | | | |
|---|--|--|---|---|---|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 352 | | PRIMARY REG. DIST. NO. 4517 | | Registrar's No. 102 | | | |
| 1. PLACE OF DEATH a. COUNTY Taney | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE MO b. COUNTY Taney | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Branson | | c. LENGTH OF STAY (in this place) 1 Da. | | c. CITY OR TOWN Hallister | | 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 Stamps Hospital | | | | e. STREET ADDRESS (If rural, give location) P.O. Box 1060 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Neal b. (Middle) W. c. (Last) Dean | | | 4. DATE OF DEATH (Month) (Day) (Year) 10-23-56 | | | | | | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH 2-7-1883 | | | |
| 9. AGE (In years last birthday) 73 | | 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) retired | | | 10b. KIND OF BUSINESS OR INDUSTRY Printer | | 11. BIRTHPLACE (City and State, Foreign Country) Mo. 9 | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME William B. Dean | | | 13b. MOTHER'S MAIDEN NAME E. Legwith Bradley | | | 14. NAME OF HUSBAND OR WIFE Nellie J. Dean | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 495-01-6573 | | 17. INFORMANT'S SIGNATURE OR NAME Nellie Jane Dean ADDRESS Hallister, 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) Conjunctive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) Influenza 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 1 Day 1 week | |
| 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) 481X | | | | | |
| 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 10/16 , 19 56 , to 10/23 , 19 56 , that I last saw the deceased alive on 10/23 , 19 56 , and that death occurred at 4:45 p.m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE H.T. Evans M.D. (Degree or title) | | | 23b. ADDRESS Branson, Mo. | | | 23c. DATE SIGNED 10/24/56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10-26-56 | | 24c. NAME OF CEMETERY OR CREMATORY Frank Memorial Park Branson Mo. | | 24d. LOCATION (City, town, or county) (State) _____ | | | |
| DATE REC'D BY LOCAL REG. 10-26-56 | | REGISTRAR'S SIGNATURE Nelie Campbell | | 25. FUNERAL DIRECTOR'S SIGNATURE Whitchee T. Horn ADDRESS Branson, Mo. | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

74-0

EMBALMER
1953

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 *Minnie L. Wheeler*

Licensed Embalmer No. *227*

P. O. Address *Princeton*

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.