

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **3498**

FILED JAN 29 1957

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE, (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Rockville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital # 334 Nevada</u> Length of stay in hospital <u>12 months</u>		d. STREET ADDRESS (If outside, give location) <u>unknown</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Clarence</u> First <u>Dean</u> Middle <u>—</u> Last <u>Dean</u>		4. DATE OF DEATH <u>Jan 23, 1957</u> Month <u>Jan</u> Day <u>23</u> Year <u>1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 10, 1881</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		9b. AGE (In years last birthday) <u>76</u>	9c. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>—</u> Days <u>13</u> Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City, and state or country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>John C. Dean</u>	
14. MOTHER'S MAIDEN NAME <u>Martha Ellen Funk</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give year or date of service) <u>—</u>	
16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT <u>Hospital records Nevada</u> Address <u>—</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Atherosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Gen. Arterio Sclerosis</u> DUE TO (c) <u>—</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Cerebral Psychozois</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>6 yrs</u>
19a. ACCIDENT <input type="checkbox"/>	19b. SUICIDE <input type="checkbox"/>	19c. HOMICIDE <input type="checkbox"/>	19d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>—</u>
20a. TIME OF INJURY Hour <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a. m. <u>—</u> p. m. <u>—</u>		20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20d. CITY, TOWN, OR LOCATION <u>—</u> COUNTY <u>—</u> STATE <u>—</u>	
21. I attended the deceased from <u>March 1, 1956</u> to <u>Jan 23, 1957</u> and last saw ^{her} him alive on <u>Jan 23, 1957</u> . Death occurred at <u>home</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. C. Bradley</u> (Degree or title) <u>—</u>		22b. ADDRESS <u>State Hospital # 334 Nevada</u>	
22c. DATE SIGNED <u>1-23-57</u>		22d. SIGNATURE <u>—</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>1-25-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Myers Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Rockville, Missouri</u>
24. FUNERAL DIRECTOR <u>Ferry Funeral Home</u> ADDRESS <u>Nevada, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>1-23-1957</u>	26. REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

alth, Welfare, Public Service

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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.....
Licensed Embalmer No. 496

P. O. Address Nevada, M.....

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