

FILED AUG 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23465

State File No. ....

Registrar's No. 56

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

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>4024</u>		Registrar's No. <u>56</u>		
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Benton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cassville</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY OR TOWN <u>Gateway</u>		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 <u>Cassville Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Garfield, Ark. - Route 1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lou</u> b. (Middle) <u>Vicy</u> c. (Last) <u>Deans</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 1 1957</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 11 1882</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>domestic</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Benton County Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Neil McNeil</u>		13b. MOTHER'S MAIDEN NAME <u>Herritt Riddick</u>		14. NAME OF HUSBAND <u>Henry Deans</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sidney Deans Garfield, Ark.</u> ADDRESS _____				
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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 <u>24 hrs</u> <u>1 year</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> 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) <u>331X</u>				
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 <u>Aug 30, 1957</u> , to <u>Aug 1, 1957</u> , that I last saw the deceased alive on <u>July 30, 1957</u> , and that death occurred at <u>5:00 P.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Paul J. Bair, M.D.</u> (Degree of title)				23b. ADDRESS <u>Cassville Mo.</u>		23c. DATE SIGNED <u>8/3/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/1/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bayless cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pea Ridge, Arkansas</u>			
DATE REC'D BY LOCAL REG. <u>8-6-1957</u>		REGISTRAR'S SIGNATURE, <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>Miller Funeral Home Pea Ridge, Ark.</u>				

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 857-136

DATE REC. 8-12-57

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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 embalmed by me, or by G. E. Palmer Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Revised to Arkansas.....

Licensed Embalmer No. 350.....

P. O. Address Cassville.....

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.