

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39463

STATE FILE NUMBER

FILED DEC 9 - 1957

Registration District No. 47

Primary Registration District No. 5169

Registrar's No. 286

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>9 Mile Prairie Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hiway 40</u> Length of stay in lb <u>nil</u>		d. STREET ADDRESS <u>25;9 W. 51st St.</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u></u> Last <u>Deane</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>6</u> Year <u>1957</u>
5. SEX <u>0</u> <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 29, 1913</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy Supply</u>	11. BIRTHPLACE (City and state or country) <u>K.C. Kansas</u>
13a. FATHER'S NAME <u>Aubrey Deane</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Hilliard</u>	14. NAME OF HUSBAND OR WIFE <u>Clarice Dean</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT <u>Mrs. Clarice Deane</u> Address <u>K.C. Kansas</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>Ruptured Artery Left Lung</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Crushed Thorax</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>Left Foot Severed Mutiple Lacerations</u>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Head On Automobile Accident on Hiway 40</u>	
20c. TIME OF INJURY Hour <u>7:30</u> Month, Day, Year <u>12/6/57</u> p.m.		<u>2 miles east of Williamsburg Mo.</u>	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway</u>	
20f. CITY, TOWN, OR LOCATION <u>2 mi. E. Williamsburg</u>		COUNTY <u>Callaway</u> STATE <u>Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>7.00 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Nancy A. Stewart</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Fulton Missouri</u>	
22c. DATE SIGNED <u>12/7/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>12/7/57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>M.C.</u>		23d. LOCATION (City, town, or county) (State) <u>K.C. Kansas</u>	
24. FUNERAL DIRECTOR <u>Manheim Funeral Home Fulton Mo</u> ADDRESS <u>Fulton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 7-1957</u>	
26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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FEB 20 1958

FEB 3 1958
JAN 28 1958

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 *J. J. Rossow*

Licensed Embalmer No. *2635*

P. O. Address *Hullton*

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.