

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031631

STATE FILE NUMBER 193

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 193

FILED SEP 25 1958

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Centralia</b> <i>also c</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain County</b>		Length of stay in 1b <b>single Aug. 9, '58</b>	d. STREET ADDRESS (If outside, give location) <b>329 S. Allen</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <b>James Franklin DEAN</b>			4. DATE OF DEATH Month Day Year <b>Sept. 21, 1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasiate</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 27, 1886</b>	9. AGE (In years (birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and state or country) <b>near Clark, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Robert Dean</b>		13b. MOTHER'S MAIDEN NAME <b>Cynthia Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Etta Turner Dean</b>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Paul Dean, Mexico, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBRAL VASCULAR ACCIDENT</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 mos</b> <b>years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>ARTERIOSCLEROSIS</b> DUE TO (c) <b>331XH</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>DIABETES MELLITUS, CARCINOMA OF PROSTATE</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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.)
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	

20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION <b>Centralia</b>	COUNTY <b>Boone</b>	STATE <b>Mo.</b>
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21. I attended the deceased from **July 1958** to **Sept 58** and last saw her/him alive on **9-21-58**.  
Death occurred at **8:30 PM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Edward Dean J MD</b>	22b. ADDRESS <b>Mexico Mo</b>	22c. DATE SIGNED <b>9-21-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 23, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Centralia</b>	23d. LOCATION (City, town, or county) (State) <b>Centralia, Mo.</b>
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24. GENERAL DIRECTOR <b>Bill C. Meador</b>	ADDRESS <b>Centralia, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>Sept 21-1958</b>	26. REGISTRAR'S SIGNATURE <b>Blenche Geely</b>
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(Licensee Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Secretary, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. USE ONLY BLACK INK OR RIBBON. REWRITE IF POSSIBLE.

MEDICAL CERTIFICATION  
**LEONARD J. DEAN, M.D.**

OCT 16 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 *Bill J. Meadows* .....

Licensed Embalmer No. *04876* .....

P. O. Address *Centralia, Mo.* .....

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.