

URL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034974

FILED VS SEP 22 1959

360

Registration District No. Primary Registration District No. 6225

Registrar's No. 151

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If Green residence before admission) a. STATE Missouri COUNTY Greene							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in 1b 0-3-14		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada State Hosp. #3			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3227 W. Calhoun		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First David Middle Franklin Last Dean				4. DATE OF DEATH Month 9 Day 13 Year 1959							
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 1878		9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Unknown				10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME James N, Dean				13b. MOTHER'S MAIDEN NAME Susan				14. NAME OF HUSBAND OR WIFE Divorces			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Admission Papers Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Vessel disease Atheromatous Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) years DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senil Dementia								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m.		Month, Day, Year									
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		COUNTY		STATE	
21. I attended the deceased from 5-29-1959 to 9-13-1959 and last saw ^{her} him alive on 9-13-1959 Death occurred at 1 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>E. Allen Pickens, M.D.</i> E. Allen Pickens, M.D.						22b. ADDRESS Wvadu Mo				22c. DATE SIGNED 9-13-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/13/59		23c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery			23d. LOCATION (City, town, or county) (State) Springfield, Missouri		23e. DATE 9-13-59		
24. FUNERAL DIRECTOR Klingner Funeral Home-Springfield, Mo.				25. DATE RECD. BY LOCAL REG. 9-15-59		26. REGISTRAR'S SIGNATURE <i>Anna E. Jerry</i> Anna E. Jerry					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 22 1959

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 Percy F. Milster

Licensed Embalmer No. 4805

P. O. Address Navada, 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.