

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004812

STATE FILE NUMBER

Registration District No. 64 Primary Registration District No. 5245 Registrar's No. 10

AMENDED

FILED VS FEB 23 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY CHARITON	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KEYTESVILLE TWP	a. STATE Mo.	b. COUNTY CHARITON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5th N. Keytesville		c. CITY OR TOWN KEYTESVILLE	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First GEORGE	Middle W.	Last DEAN	4. DATE OF DEATH	Month FEB	Day 15	Year 1961
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5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-15-1886	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 10 Days 6 Hours Min. 	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) GRANITE CITY Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME I. N. DEAN	13b. MOTHER'S MAIDEN NAME MARY MAXWELL	14. NAME OF HUSBAND OR WIFE MINNIE DEAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT MRS. GEO. DEAN	Address Keytesville Mo.
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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:		INTERVAL BETWEEN ONSET AND DEATH Seconds
IMMEDIATE CAUSE (a) Coronary Thrombosis	DUE TO (b)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from 2:00 p.m. to and last saw him alive on .
Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. D. Garrett	22b. ADDRESS Keytesville Mo.	22c. DATE SIGNED 2/16/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-17-61	23c. NAME OF CEMETERY OR CREMATORY BETHANY CEM	23d. LOCATION (City, town, or county) Keytesville Mo.
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24. FUNERAL DIRECTOR Miller-Tillotson	ADDRESS MARCELINE Mo.	25. DATE RECD. BY LOCAL REG. 2-18-61	26. REGISTRAR'S SIGNATURE Opal L. Spence
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 28 1961

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 Lilburn K Tidaleon

Licensed Embalmer No. 4508

P. O. Address Marshall, 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.