

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005891
STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 304A Registrar's No. 3

FILED VS FEB 1 8 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FREDRICK TOWN</u>		c. CITY OR TOWN <u>FREDRICKTOWN</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (if outside, give location) <u>✓</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN ROBERT DEAN</u>		4. DATE OF DEATH Month Day Year <u>JAN 28 1961</u>	
5. SEX <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>2/11/1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PIPELINE WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PIPELINE</u>	11. BIRTHPLACE (City and state or country) <u>DES ARC, MO</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>DAVID DEAN</u>	
13b. MOTHER'S MAIDEN NAME <u>MALLISA MIDDLETON</u>		14. NAME OF HUSBAND OR WIFE <u>DOSHY E DEAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		17. INFORMANT Address <u>DONALD N. DEAN DES ARC, MO.</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>Hepatic Coma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Few hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Cirrhosis of the Liver</u>			<u>YRS.</u>
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
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 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 <u>Jan 5 '55</u> to <u>Jan 20 '61</u> and last saw him alive on <u>Jan 20 '61</u> Death occurred at <u>2:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Charles Michaelis MD</u>		22b. ADDRESS <u>Fredricktown Missouri</u>	22c. DATE SIGNED <u>Feb 6, 1961</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JAN. 31-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MOUNTAIN VIEW</u>	23d. LOCATION (City, town, or county) (State) <u>DES ARC MO.</u>
24. FUNERAL DIRECTOR <u>GISH</u>	ADDRESS <u>PIEDMONT, MO</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 6-1961</u>	26. REGISTRAR'S SIGNATURE <u>Frederick Hickey</u>

MAR 27 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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Martin E. Bowles

Licensed Embalmer No. 4426

P. O. Address Bedmont,

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.