

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21248

State File No. ....

FILED JUL 11 1952

BIRTH NO. .... REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 577 Registrar's No. ....

0680  
1  
JUL 11 1952

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-HARRISON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-HARRISON 0680</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. SE-Highpoint</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. S-E-Highpoint</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>PAUL</u> c. (Last) <u>DEAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July-1-1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>27 June 1870</u>
9. AGE (In years, months, days) <u>82</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>Moniteau Co-MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Geo. T. DEAN</u>		13b. MOTHER'S M maiden NAME <u>HANNAH-PAUL</u>	
14. NAME OF HUSBAND OR WIFE <u>LIZZIE-DEAN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ALMA-DAENPORT-</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Malignment by metastases</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>NONE</u>		22. I hereby certify that I attended the deceased from <u>Jan 14, 1951</u> , to <u>June 30, 1952</u> , that I last saw the deceased alive on <u>June 30, 1952</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>E. M. Elbert</u> (Degree or title) <u>20</u>		23b. ADDRESS <u>Passolville MO</u>	
23c. DATE SIGNED <u>2 July 52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>3 July 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sappington</u>	
24d. LOCATION (City, town, or county) (State) <u>Moniteau Co-MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Kays</u> ADDRESS <u>ELDON MO</u>	
DATE REC'D BY LOCAL REG. <u>7/7/52</u>		REGISTRAR'S SIGNATURE <u>C. H. Nail</u> <u>195-</u>	

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Keith M. Fays*

Signed.....

Student Embalmer

Licensed Embalmer No. *3998*

P. O. Address *Edon 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 this body is not embalmed, fact should be so stated above.