

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37609

State File No. _____

FILED DEC 2 1948

Registration District No. 275

Primary Registration District No. 5939

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Shelby Twp

(b) City or town Rural - Cold Springs

(c) Name of hospital or institution Shelby Star Route
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Shelby Star Route
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3: (a) PRINT FULL NAME Endemild Dean

3. (b) If veteran, name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19 year 1948 hour 11 minute 40 M.

4. Sex Fem 5. Color or race Wh

6. (a) Single, widowed, married, divorced Div. 3

(b) Name of husband or wife John Dean 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Feb 27 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19 Nov. 1948 to 19 Nov. 1948
that I last saw her alive on 19 Nov. 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 hr.
acute

8. AGE: Years 94 Months 8 Days 22 hr. _____ min. _____
If less than one day

Due to arteriosclerotic heart disease unknown

Due to Vessel Change commensurate with age unknown

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 938

11. Industry or business _____

12. Name John Matlock

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant William Dean

(b) Address Lake Springs, Mo.

17. (a) Burial (b) Date thereof 11-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Nell & Sons F. H.

(b) Address Rolla, Mo.

19. (a) 11-23-48 (b) Nadine L. Stool
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (Or) Means of injury D

23. Signature Dwight E. Everist (M. D. initials)
Address Ramsey Bay, Rolla Date signed 22 Nov 1948

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

MOTHER FATHER

100-1-1-23

Phillips County, Mo. Health Department

County File Number 12/1/48

Date Filed _____

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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Paul E. Zull

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.