S. No. 300
. 10.48

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29642

BIRTH NO. 56292-50 REG. DIST. NO. 48 PRIMARY REG. DIST. NO. 5173A Registrar's No. 5

140
1

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

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cedar City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home -

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cedar City 0140
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Jackie
b. (Middle): Doyle
c. (Last): Deweese

4. DATE OF DEATH (Month) (Day) (Year): Oct 2 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 9-30 1950
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 2; IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Marvin Deweese
13b. MOTHER'S MAIDEN NAME: Ester Mowry
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Marvin Deweese Cedar City Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): alelectasis — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 7620

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 30, 1950, *to* Oct 2, 1950, *that I last saw the deceased alive on* Sept 30, 1950, *and that death occurred at* 6 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Kanagawa MDO
23b. ADDRESS: 1 Dallmeyer Bldg
23c. DATE SIGNED: 10/2/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-2 195
24c. NAME OF CEMETERY OR CREMATORY: New Salem
24d. LOCATION (City, town, or county) (State): Ashland Mo

DATE REC'D BY LOCAL REG.: Oct 2-5-50
REGISTRAR'S SIGNATURE: R.P. Dorris MD NR 40
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wm C. Burnett Ashland Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT - 7 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

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. Not Embalmed

Student ..... Student Embalmer

Signed Wm C. Barnett

Licensed Embalmer No. 3564

P. O. Address Ashland 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.