

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9628**

FILED MAR 18 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **4407** Registrar's No. **157**

1. PLACE OF DEATH a. COUNTY <b>PETTIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LAMONTE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LAMONTE</b>	
c. LENGTH OF STAY (in this place) <b>13 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>0800</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>CLAY</b>	c. (Last) <b>DEWAPP</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>3</b> <b>7</b> <b>1957</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 30-1877</b>	9. AGE (in years last birthday) <b>79</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AGRICULTURE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>LAMONTE MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>BARNUMAS DEWAPP</b>	13b. MOTHER'S MAIDEN NAME <b>LUCY WHITEFIELD</b>	14. NAME OF HUSBAND OR WIFE <b>NELLIE FAIR DEWAPP</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Lucille Hall - La Monte Mo</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>			

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Lamonte Pettis Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <input checked="" type="checkbox"/>
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22. I hereby certify that I attended the deceased from **Feb 1, 1957**, to **Mar 7, 1957**, that I last saw the deceased alive on **Mar 7, 1957**, and that death occurred at **1:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>G. W. Goss, M.D.</b> (Degree or title)	23b. ADDRESS <b>Knob Noster, Mo</b>	23c. DATE SIGNED <b>3-8-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3-9-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LAMONTE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>LAMONTE MO</b>
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DATE REC'D BY LOCAL REG. <b>3-9-1957</b>	REGISTRAR'S SIGNATURE <b>Frances Shelby</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul M. Moore - La Monte Mo</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5410

**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 .....

Student Embalmer

Signed Paul M. Moore.....

Licensed Embalmer No. 3923.....

P. O. Address De Monte 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.