

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010949
State File No.

FILED APR 7 1958

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give town) Sedalia	c. LENGTH OF STAY (in this place) 60 Yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Sedalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sedalia Rest Home, 711 N. Mo.		d. STREET ADDRESS (If rural, give location) 409 S. New York, Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE	b. (Middle) C.	c. (Last) DeWan	4. DATE OF DEATH (Month) (Day) (Year) April 4, 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH December 11, 1877	9. AGE (In years and birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carman	10b. KIND OF BUSINESS OR INDUSTRY Chicago & Alton Railroad	11. BIRTHPLACE (State or foreign country) Horton, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas DeWan	13b. MOTHER'S MAIDEN NAME Sarah	14. NAME OF HUSBAND OR WIFE Sue L. Dillard DeWan (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pearl Griessen, 507 S. Warren, Sedalia
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) Chr. Brights		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2
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22. I hereby certify that I attended the deceased from 2:25, 1958, to 4/4, 1958, that I last saw the deceased alive on 4-4, 1958, and that death occurred at 10:00A m., from the causes and on the date stated above.

23a. SIGNATURE W. W. Boyer M.D. (Degree or title)	23b. ADDRESS Sedalia, Mo.	23c. DATE SIGNED 4/4/58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/7/1958	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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DATE REC'D BY LOCAL REG. 4-5-58	REGISTRAR'S SIGNATURE Frances Shelby	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Heckart, Sedalia, Mo.
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COLLESE FUNERAL HOME
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 11 1958

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. 9-775

working under my personal supervision.

Student Robert L. Shaffer
Student Embalmer

Signed W. Heckert

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.