

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006660
STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 5950 Registrar's No. 13

300
-57 4

1. PLACE OF DEATH a. COUNTY <u>Pike Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New Hartford</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>New Hartford</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nalley Nursing</u>		Length of stay in lb <u>4yrs</u>	d. STREET ADDRESS (If outside, give location) <u>Nalley Nursing Home</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Alpha Mae Pew</u>			4. DATE OF DEATH Month Day Year <u>2 4 1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec Jan 31, 1859</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>#</u>	11. BIRTHPLACE (City and state or country) <u>Brush Creek, Montgomery Co. USA</u>
13a. FATHER'S NAME <u>James Baxter</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Roe</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas A Pew</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>#</u>	17. INFORMANT (daughter) Address <u>Mrs. James Mudd, New Hartford, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocarditis & myocardial degeneration</u> DUE TO (b) <u>arterio sclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4221</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour: _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1-30-59</u> to <u>2-4-59</u> and last saw her alive on <u>2-3-59</u> Death occurred at <u>7:45 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>Wellsville, Mo</u>	22c. DATE SIGNED <u>2-6-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2/6/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pew Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Montgomery Co., Mo.</u>
24. FUNERAL DIRECTOR <u>Butler-Fritchett, Middletown, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-19-59</u>	26. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>

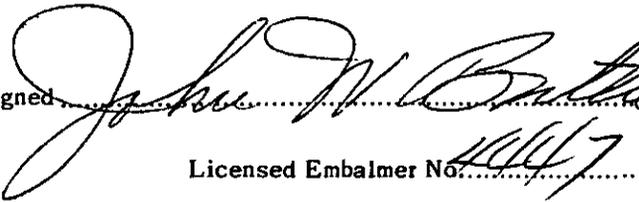
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 4447
P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.