

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-038665

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5173 STATE FILE NUMBER

**FILED OCT 25 1962**

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

David Waxman

1. PLACE OF DEATH a. COUNTY <p style="text-align: center; font-size: 1.2em;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <p style="text-align: center; font-size: 1.2em;">Missouri</p>		b. COUNTY <p style="text-align: center; font-size: 1.2em;">Jackson</p>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center; font-size: 1.2em;">Kansas City</p>		Length of stay in 1b <p style="text-align: center; font-size: 1.2em;">20 yrs</p>		c. CITY OR TOWN <p style="text-align: center; font-size: 1.2em;">Kansas City</p>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center; font-size: 1.2em;">8652 E. 57</p>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <p style="text-align: center; font-size: 1.2em;">8652 E. 57</p>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

3. NAME OF DECEASED (Type or print) <p style="text-align: center; font-size: 1.2em;">MAYBELL E. DEWEY</p>			4. DATE OF DEATH Month Day Year <p style="text-align: center; font-size: 1.2em;">October 10 1962</p>		
5. SEX <p style="text-align: center; font-size: 1.2em;">Female</p>	6. COLOR OR RACE <p style="text-align: center; font-size: 1.2em;">White</p>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center; font-size: 1.2em;">May 15, 1894</p>	9. AGE (last birthday) <p style="text-align: center; font-size: 1.2em;">68</p>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center; font-size: 1.2em;">Housewife</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center; font-size: 1.2em;">Home</p>		11. BIRTHPLACE (City and state or country) <p style="text-align: center; font-size: 1.2em;">St Louis, Missouri</p>	
12. CITIZEN OF WHAT COUNTRY <p style="text-align: center; font-size: 1.2em;">U. S. A.</p>					

13a. FATHER'S NAME <p style="text-align: center; font-size: 1.2em;">Charles F. Alber</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center; font-size: 1.2em;">Elizabeth Schaberg</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center; font-size: 1.2em;">Albert W. Dewey</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center; font-size: 1.2em;">No</p>		16. SOCIAL SECURITY NO. <p style="text-align: center; font-size: 1.2em;">None</p>		17. INFORMANT Address <p style="text-align: center; font-size: 1.2em;">Mr. John Owen, 8652 E 57</p>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: <p style="text-align: center; font-size: 1.5em; margin-top: 10px;">MALIGNANT LYMPHOMA</p>		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center; font-size: 1.2em;">5 months</p>
IMMEDIATE CAUSE (a)		
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <p style="text-align: center; font-size: 1.5em; margin-top: 10px;">ARTERIOSCLEROTIC HEART DISEASE</p>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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 MAY 16, 1958 to OCT 10, 1962 and last saw her/him alive on OCT 7, 1962  
Death occurred at 4:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <p style="text-align: center; font-size: 1.2em;">David Waxman, MD.</p>	(Degree or title)	22b. ADDRESS <p style="text-align: center; font-size: 1.2em;">4840 Prospect</p>	22c. DATE SIGNED <p style="text-align: center; font-size: 1.2em;">10-12-62</p>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center; font-size: 1.2em;">Burial</p>	23b. DATE <p style="text-align: center; font-size: 1.2em;">10-13-1962</p>	23c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center; font-size: 1.2em;">Forest Hill Cemetery</p>	23d. LOCATION (City, town, or county) <p style="text-align: center; font-size: 1.2em;">Kansas City, Missouri</p>	(State)
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24. FUNERAL DIRECTOR <p style="text-align: center; font-size: 1.2em;">Melody-McGilley-Eylar Funeral Home</p>	ADDRESS <p style="text-align: center; font-size: 1.2em;">Woodland-Linwood</p>	25. DATE RECD. BY LOCAL REG. <p style="text-align: center; font-size: 1.2em;">10-12-62</p>	26. REGISTRARS SIGNATURE <p style="text-align: center; font-size: 1.2em;">Ruth Long</p>
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USE BLACK INK OR TYPEWRITER RIBBON

Dr. David Watson  
4840 Broadway  
Wm 1-0600

Note: PM  
only → 1-2-21

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**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 Gerald A. Burger

Licensed Embalmer No. 4763

P. O. Address K. C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.