MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014551

STATE FILE NUMBER

Registration District No. 325 Primary Registration District No. 4426 Registrar's No. 110

FILED APR 4 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0980
2 0980 2
3
4 0
5 1
6
7 1
8 0
9 4200
10
11
12 90-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Schuyler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Downing
Length of stay in 1b: 10 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Schuyler
c. CITY OR TOWN: Downing
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Arthur Middle: W. Last: Dew

4. DATE OF DEATH: Month March Day 29 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1-6-1884

9. AGE (last birthday): 79

IF UNDER 1 YEAR: Months 2 Days 23
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Maytag Factory

11. BIRTHPLACE (City and state or country): Beaman, Iowa

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME:

13b. MOTHER'S MAIDEN NAME:

14. NAME OF HUSBAND OR WIFE: Clara Dew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates o

16. SOCIAL SECURITY NO.: 22

17. INFORMANT: Clara Dew, Address: Downing, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Congestive Heart failure — 1 week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — years
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Influenza 2 weeks previous to death

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 10-8-57 to 3-29-63 and last saw her/him alive on 3-28-63
Death occurred at 2:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. R. Stoke D.O.

22b. ADDRESS: Lancaster, Mo.

22c. DATE SIGNED: 3-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3-31-1963

23c. NAME OF CEMETERY OR CREMATORY: Downing Cemetery

23d. LOCATION (City, town, or county) (State): Downing, Mo.

24. FUNERAL DIRECTOR ADDRESS: Moore Funeral Home-Downing, Mo.

25. DATE RECD. BY LOCAL REG.: March 30, 1963

26. REGISTRAR'S SIGNATURE: Florence Shepherd

(Licensed Embalmer's Statement on Reverse Side)

Permit attached 3-30-65

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_____ Signed Neal Payne

Signature of Student Embalmer

Licensed Embalmer No. 7550

P. O. Address Memphis 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.