MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035617
STATE FILE NUMBER

Registration District No. 101 Primary Registration District No. 5414 Registrar's No. 50

FILED SEP 24 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0342
2 0340
3
4 0
5 2
6
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8 2
9 51X
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12 90-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Douglas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington Township — Length of stay in 1b: Life
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: Douglas
c. CITY OR TOWN: Ava — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First William Middle Jake Last Dewhirst

4. DATE OF DEATH: Month Sept. Day 18, Year 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-29-74
9. AGE (last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer
11. BIRTHPLACE (City and state or country): Ava, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William Dewhirst
13b. MOTHER'S MAIDEN NAME: Martha Huffman
14. NAME OF HUSBAND OR WIFE: Ann Dewhirst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Glenn Dewhirst, R.1, Ava, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gastric Hemmorhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of Stomach
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 10 yr?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cardio-Renal Disease

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 _____, to _____ and last saw her/him alive on _____
Death occurred at 6:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M. C. Autry (Degree or title) M.D
22b. ADDRESS: AVA MO
22c. DATE SIGNED: 9-20-63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-20-63
23c. NAME OF CEMETERY OR CREMATORY: Goodhope
23d. LOCATION (City, town, or county): Goodhope, Missouri

24. FUNERAL DIRECTOR: Clinkingbeard Funeral Home, Ava, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: Sept. 20-63
26. REGISTRAR'S SIGNATURE: Vestal Buchman

(Licensed Embalmer's Statement on Reverse Side)

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava 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.