

No. 2
-1/47
5-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1717**

FILED JAN 19 1948

Registration District No.

Primary Registration District No. **5704**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County... **Livingston**
(b) City or town... **Wheeling**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... **7 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **Missouri** (b) County... **Livingston**
(c) City or town... **Wheeling**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **William Dewees**

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex... **Male** 5. Color or race... **White**
6. (a) Single, widowed, married, divorced... **Married**
6. (b) Name of husband or wife... **Florence Dewees**
6. (c) Age of husband or wife if alive... **46** years
7. Birth date of deceased... **August 6 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 5 1 hr. min.

9. Birthplace... **Coopricks County, Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation... **Retired Section Foreman**

11. Industry or business... **Chicago-Northwestern R. R.**

12. Name... **John Dewees**

13. Birthplace... **UNKNOWN**
(City, town, or county) (State or foreign country)

14. Maiden name... **UNKNOWN**

15. Birthplace... **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant... **Mrs. Florence Dewees**

(b) Address... **Wheeling, Missouri**

17. (a) **Burial** (b) Date thereof... **1-9-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... **Wheeling Cemetery**

18. (a) Signature of funeral director... **Norman Funeral Home**

(b) Address... **Chillicothe, Missouri**

19. (a) **1/9/48** (b) **Mrs Martha Boone**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... **Jan** day... **7th**
year... **1948** hour... **11** minute... **A** M.

21. I hereby certify that I attended the deceased from **Jan 7th** 19**48** to **Jan 7th** 19**48** that I last saw him alive on **Jan 7th** 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death... **Hypostatic Pneumonia**
Due to... **Myocardial Failure**
Due to... **Cerebral Hemorrhage**

Other conditions... (include pregnancy within 3 months of death)

Major findings: Of operations...
Of autopsy...
PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)

23. Signature... **P. A. Bryson** (Physician or other)
Address... **Wheeling, Mo.** Date signed... **1/9/48**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

DISTRICT HEALTH OFFICE
COLUMBIA, Mo.

JAN 28 1948

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Elton Roman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.