

FILED FEB 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2017

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 2048 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>CLAY COUNTY NODAWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MARYVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clearmont</b>	
c. LENGTH OF STAY (In this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Francis Hosp</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ida</b>	b. (Middle) <b>Ellen</b>	c. (Last) <b>Dew</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 10 1949</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>Nov. 6, 1874</b>	9. AGE (In years last birthday) <b>75</b>	If UNDER 1 YEAR Months _____ Days _____	If UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (State or foreign country) <b>Clearmont, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>Albert King</b>	13b. MOTHER'S MAIDEN NAME <b>Rachael Hostetter</b>	14. NAME OF HUSBAND OR WIFE <b>Joseph Eldon Dew</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes - no</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Ab Watson Barnard</b>	ADDRESS <b>Missouri</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b> <b>?</b> <b>7 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Hypertension</b>	
		DUE TO (c) <b>Brain arterial spasm</b>	

19a. DATE OF OPERATION <b>1/9/49</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **1/9**, 19**49** to **1/10**, 19**49**, that I last saw the deceased alive on **1/10**, 19**49** and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>B. S. Placed M.D.</b>	23b. ADDRESS <b>Burlington Mo</b>	23c. DATE SIGNED <b>1/12/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 12, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Clearmont</b>	24d. LOCATION (City, town, or county) (State) <b>Clearmont Nodaway Mo</b>
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DATE REC'D BY LOCAL REG. <b>1-22-49</b>	REGISTRAR'S SIGNATURE <b>Bess Holt</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. H. Hann</b>	ADDRESS <b>Burlington Jet Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

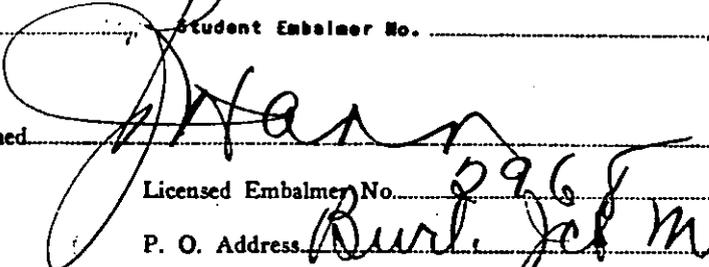
**STATEMENT BY LICENSED EMBALMER**

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 .....  
Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 2965

P. O. Address Burl. Jct. 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 this body is not embalmed, fact should be so stated above.