

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED FEB 4 1949

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 4489 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission!) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Vanduser</u>	c. LENGTH OF STAY (In this place) <u>2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Vanduser</u>	d. STREET ADDRESS (If rural, give location) <u>P. O. Box 48</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P. O. Box 48</u>		d. STREET ADDRESS (If rural, give location) <u>P. O. Box 48</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Allen</u>	b. (Middle) <u>-----</u>	c. (Last) <u>Dew</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 22, 1882</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>4</u>	IF UNDER 4 HRS. Hours <u>---</u> Min. <u>---</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Macon, Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Dew</u>	13b. MOTHER'S MAIDEN NAME <u>Vic McCaleb</u>	14. NAME OF HUSBAND OR WIFE <u>Battie Dew</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>436-26-9082</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Battie Dew, P.O. Box 48, Vanduser, Mo</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mycocarditis -</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nothing</u> DUE TO (c) <u>-----</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>nothing -</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from Birth, 1944, to Death, 1949, that I last saw the deceased alive on Feb 16, 1944, and that death occurred at 9:40 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. D. A. M. D. A.</u>	23b. ADDRESS <u>Vanduser MO</u>	23c. DATE SIGNED <u>Jan 28 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 30, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McMullen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>McMullen, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 31 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. T.F. Henry</u>	303	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Sparks</u>	ADDRESS <u>Cape Girardeau, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 21 1949

FEB 21 1949

MS APR 24 1950

RECEIVED

District Health Office No. 2,

District File Number 249-187

Date Filed 2-3-49

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 Frank Sparks _____

Licensed Embalmer No. 2455

P. O. Address Reynolds

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.