No. 300
10-48

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7448

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 346

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

1. PLACE OF DEATH
a. COUNTY: BUCHANAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST JOSEPH
c. LENGTH OF STAY (in this place): 46 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 302 Alabama Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BUCHANAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STL JOSEPH
d. STREET ADDRESS (If rural, give location): 302 ALABAMA Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): CHLOE
b. (Middle):
c. (Last): DEW

4. DATE OF DEATH (Month) 3 (Day) 24 (Year) 49

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: OCT. 26, 1872
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 4, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): WISCONSIN
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: G. T. ORME
13b. MOTHER'S MAIDEN NAME: MILISA OWENS
14. NAME OF HUSBAND OR WIFE: JOHN MILTON DEW

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. CLAUDE PENNINGTON — ADDRESS: 302 ALABAMA Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza - Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ 480X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's Syndrome — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* year, 1935, *to* 3-24, 1949, *that I last saw the deceased alive on* 3-23, 1949, *and that death occurred at* 1:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. J. Gross D.O.
23b. ADDRESS: 5008 King Hill St. Joseph Mo
23c. DATE SIGNED: 3-24-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MARCH 26, 1949
24c. NAME OF CEMETERY OR CREMATORY: ASHLAND CEMETERY
24d. LOCATION (City, town, or county) (State): ST JOSEPH MO

DATE REC'D BY LOCAL REG.: April 1, 1949
REGISTRAR'S SIGNATURE: E. C. Jenkins 382
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Earl A. Clark 120 Illinois Ave. St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr Gross.

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 B. J. Chaney, Student Embalmer No. 294, working under my personal supervision.

Signed Earl A Clark

Signed Lill J. Chaney
Student Embalmer

Licensed Embalmer No. 1238

P. O. Address St Joseph 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.