

FILED AUG 18 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 25953

BIRTH NO. _____		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 3000		Registrar's No. 243	
1. PLACE OF DEATH a. COUNTY <u>adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>MO.</u> b. COUNTY <u>Notated</u>			
b. CITY OR TOWN (If outside corporate limits, write R.R.# and give township) <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Memphis</u> 97			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>A.S.D. Hosp. Kirksville</u>				d. STREET ADDRESS (If rural, give location) <u>Community Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u>			b. (Middle) <u>B. Dumasway</u>		c. (Last) _____		
4. DATE OF DEATH (Month) (Day) (Year) <u>July 22-1949</u>		5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>May 3-1897</u>		9. AGE (If years last birthday) <u>52</u>		10. MONTHS <u>2</u>		11. DAYS <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Dadeville MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Viola May Dumasway</u>			
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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Earl Larratt Memphis Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 10, 1948</u> , to <u>July 22, 1949</u> , that I last saw the deceased alive on <u>July 22, 1949</u> , and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) <u>A. M. Keethler M.D.</u>				23b. ADDRESS <u>Memphis Mo</u>		23c. DATE SIGNED <u>July 23-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rockland</u>		24d. LOCATION (City, town, or county) (State) <u>Rockland Ill</u>	
DATE REC'D BY LOCAL REG. <u>8-16-49</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leith &amp; Jackson Memphis</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 17 1949

District Health Officer No. 10

District File Number 8-49-1419

Date Filed AUG 17 1949

SEP 19 1949

SEP 17 1949

AUG 19 1949

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 *Fred Gerth*

Licensed Embalmer No. 4256

P. O. Address *Memphis*

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.