S. No. 300
v. 10-48

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FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1539

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tri State Chemical Grounds

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carterville
d. STREET ADDRESS (If rural, give location): 314 West Daugherty

0493
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3. NAME OF DECEASED (Type or Print)
a. (First): LEE
b. (Middle): ALLEN
c. (Last): DEW

4. DATE OF DEATH (Month) (Day) (Year): January 4, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 19, 1892
9. AGE (In years last birthday): 56 57 — IF UNDER 1 YEAR: Months 3, Days 15 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: Lee A. Dew
13b. MOTHER'S MAIDEN NAME: Selena J. Elsea
14. NAME OF HUSBAND OR WIFE: Irene Dew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Irene Boyd Dew — ADDRESS: Webb City, Mo.

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.

Cor. Fig. 3-2-50 N.C.S.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exposure (Freezing to death)

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. This man's face, head, and hands were frozen before death ensued.

INTERVAL BETWEEN ONSET AND DEATH: E9333 46

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

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~ ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): TRI STATE CHEMICAL CO. (BODY FOUND THERE)
21c. CITY, TOWN, OR TOWNSHIP: Webb City — JOPLIN TOWNSHIP. **(COUNTY)**: Jasper. **(STATE)**: Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: DIED FROM EXPOSURE AN FREEZING TEMPERATURE

22. *I hereby certify that I attended the deceased from* (DID NOT ATTEND SAME), *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W W Kinsh MD Coroner Jasper Co.
23b. ADDRESS: Joplin Nat'l Bank Bldg. Joplin Mo.
23c. DATE SIGNED: 1-4-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-6-50
24c. NAME OF CEMETERY OR CREMATORY: Oronogo Cemetery
24d. LOCATION (City, town, or county) (State): Oronogo, Missouri

DATE REC'D BY LOCAL REG.: Jan 6-1950
REGISTRAR'S SIGNATURE: D L Pritchett M D
25. FUNERAL DIRECTOR'S SIGNATURE: Hedge Lewis — ADDRESS: Webb City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-18-50
Jasper County Health Office

County File Number 50-1-1

Date Filed 1-24-50

JAN 30 1950

MAR 9 1950

MAR 25 1950

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.

Signed _____
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 4561

P. O. Address Webb City 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.

State of MISSOURI } ss.
County of JASPER }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 15 3 9
Local Registrar's No. 150

On this 22nd day of March, 1950 before me appears Lee Dew Jr., who, upon his oath, states that the original record of ~~birth~~ death for Lee A Dew died ~~born~~ Jan 4, 1950, in the State of Missouri, and which was filed at J C MO on Jan 28, 1950, should be corrected as follows:

Item No. 8 should read Sept 19 1893
Instead of Sept 19, 1893

Item No. 57 —
Instead of 56 —

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lee Dew Jr. Son
Relationship.

115 N. Oronoque St. Webb City, Mo.
Present Address.

Subscribed and sworn to before me this 22nd day of MARCH, 1950

My Commission expires ..... Leonard J. Lewis Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1—4-43
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