No. 300
10-48

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

FILED AUG 3 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 23894

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4970 Registrar's No. 172

740
1

**1. PLACE OF DEATH**
a. COUNTY: NODAWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLEARMONT
c. LENGTH OF STAY (In this place): 58 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: NODAWAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLEARMONT 0740
d. STREET ADDRESS (If rural, give location): 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): THOMAS
b. (Middle): FRANKLIN
c. (Last): DEWYRE

**4. DATE OF DEATH** (Month) (Day) (Year): JULY 16 1951

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: OCTOBER 13, 1864
**9. AGE** (In years last birthday): 86
IF UNDER 1 YEAR: Months: 9 Days: 3
IF UNDER 24 HRS.: Hours: Min.:

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

**13a. FATHER'S NAME**: JAMES EDWARD DEWYRE
**13b. MOTHER'S MAIDEN NAME**: JANE COMBS
**14. NAME OF HUSBAND OR WIFE**: WINNIE RILEY

**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.**: —
**17. INFORMANT'S SIGNATURE OR NAME**: MRS WINNIE DEWYRE
ADDRESS: CLEARMONT 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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerosis — 15 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: no operation 4201
**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* not 19__, *to* attended 19__, *that I last saw the deceased alive on* not seen 19__, *and that death occurred at* 4:30 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: L E Dean — Coroner
(Degree or title): M.D.
**23b. ADDRESS**: Maryville Mo
**23c. DATE SIGNED**: 7-18-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 7-18-51
**24c. NAME OF CEMETERY OR CREMATORY**: CLEARMONT
**24d. LOCATION** (City, town, or county) (State): CLEARMONT MISSOURI

DATE REC'D BY LOCAL REG.: 7-21-51
REGISTRAR'S SIGNATURE: Bess Holt
**25. FUNERAL DIRECTOR'S SIGNATURE**: [illegible] BURR
ADDRESS: JCT MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DISTRICT
HEALTH OFFICE
CAMERON, MO.

MAR 8 1955

## 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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2968

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.