

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26878
Registrar's No. 3266

FILED AUG 18 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1062

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY NO DAWAY	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) MARYVILLE MO	
c. LENGTH OF STAY (in this place) 20 days		d. STREET ADDRESS (If rural, give location) IX	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Pauline	b. (Middle)	c. (Last) Dew	4. DATE OF DEATH (Month) (Day) (Year) July 30 1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 7-16-33	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 HRS. Hours	IF UNDER 15 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Spidmoir, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME PAUL DEW	13b. MOTHER'S MAIDEN NAME Lela E. Massey	14. NAME OF HUSBAND OR WIFE -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Lela Dew Maryville Mo.	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) Subacute Bacterial Endocarditis		None
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease Mitral Stenosis Regurgitation DUE TO (c) Congestive Failure		1 yr no.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4 1/2 hr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **August, 1950, to July 30, 1951**, that I last saw the deceased alive on **July 28, 1951**, and that death occurred at **9:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE V. B. Ballard	V. B. Ballard (Degree or title) MD	23b. ADDRESS 1229 Professional Bldg	23c. DATE SIGNED 7-31-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 31 1951	24c. NAME OF CEMETERY OR CREMATORY -	24d. LOCATION (City, town, or county) (State) MARYVILLE, MISSOURI
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DATE REC'D BY LOCAL REG. 7-31-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer's Sons	ADDRESS 1351 BRUSH CREEK KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Edward M. Story*

Licensed Embalmer No. *4452*

P. O. Address *N. C. 4 Ave*

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.