

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MASSACHUSETTS  
STANDARD CERTIFICATE OF DEATH

40849  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 367

1. PLACE OF DEATH a. COUNTY <u>Callaway 0443</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury 0210</u>	
c. LENGTH OF STAY (in this place) <u>2y 10m</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>-</u> c. (Last) <u>DEWEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 28 1951</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>1899</u>
9. AGE (In years last birthday) <u>52</u>		10. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		11. BIRTHPLACE (State or foreign country) <u>MO</u>	
		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Thomas Dewey</u>	13b. MOTHER'S MAIDEN NAME <u>Mattie Borch</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) <u>DK DK</u>		16. SOCIAL SECURITY NO. <u>DK</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>State Hos records Hulton</u>	
		ADDRESS <u>-</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>psychosis with syphilitic meningoenzephalitis</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) 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: <u>025X</u>		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 12-26 19 51 to 12-28 19 51, that I last saw the deceased alive on 12-28 19 51 and that death occurred at 7:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Miller</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>State Hos Hulton</u>	23c. DATE SIGNED <u>12-28-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 31-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury Cemetery, Salisbury, Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
DATE REC'D BY LOCAL REG. <u>Dec 29-1951</u>	REGISTRAR'S SIGNATURE <u>Maritta Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Schmeyer</u>	ADDRESS <u>Funeral Home Salisbury, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

DEC 30 1951

RECEIVED

**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

*C. B. Dunkelmeier*

Licensed Embalmer No. *3842*

P. O. Address *Salisbury, Md.*

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.