No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39604

FILED DEC 15 1952

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3046 Registrar's No. 262

742

1. PLACE OF DEATH
a. COUNTY: NODAWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MARYVILLE
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): ST FRANCIS HOSPITAL

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):

3. NAME OF DECEASED (Type or Print)
a. (First): MARTHA
b. (Middle): WINIFRED
c. (Last): DEWYRE

4. DATE OF DEATH (Month) (Day) (Year): DEC. 2 1952

5. SEX: F
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JAN. 21 1877
9. AGE (In years last birthday): 75 — If under 1 year: Months 10, Days 11 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): ALBANY MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: JAMES RILEY
13b. MOTHER'S MAIDEN NAME: MARY CRAWFORD
14. NAME OF HUSBAND OR WIFE: FRANK DEWYRE

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: C.D. RILEY
ADDRESS: 2415 W 53d DES MOINES IA

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) Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-Sclerosis — 10 yr
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: 4221
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* 6/1, 1952 *to* 12/2, 1952 *that I last saw the deceased alive on* 12/2, 1952 *and that death occurred at* 11:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. W. Kirk (Degree or title) MD
23b. ADDRESS: Hopkins
23c. DATE SIGNED: 12/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-5-52
24c. NAME OF CEMETERY OR CREMATORY: OAK HILL
24d. LOCATION (City, town, or county) (State): CLEARMONT, MO

DATE REC'D BY LOCAL REG.: 12.13.52
REGISTRAR'S SIGNATURE: Bess Holt
25. FUNERAL DIRECTOR'S SIGNATURE: John Burd
ADDRESS: Jef Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.