

FILED MAR 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9017

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 115

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	c. LENGTH OF STAY (In this place) 1 WK	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McCredie Twp. 0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hospital		d. STREET ADDRESS (If rural, give location) Rt 1 Fulton Mo. /	

3. NAME OF DECEASED (Type or Print) a. (First) Ruth	b. (Middle) Belle	c. (Last) Dews	4. DATE OF DEATH (Month) (Day) (Year) March 16 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 17, 1914	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Saline County Mo. C		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Robert Fizer	13b. MOTHER'S MAIDEN NAME Louisiana Crane	14. NAME OF HUSBAND OR WIFE Dennis Dews
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Dennis Dews	ADDRESS Rt. 1 Fulton Mo.
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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, asthenia, 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) <i>postsurgical metastatic carcinoma</i>		5 yrs
	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.		17 X	

19a. DATE OF OPERATION 1952	19b. MAJOR FINDINGS OF OPERATION Carcinoma of cervix with metastasis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Mar 3, 1953, to Mar 16, 1953, that I last saw the deceased alive on Mar. 14, 1953, and that death occurred at 3:55a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Lloyd E. Hutchins, M.D.</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>Fulton, Mo</i>	23c. DATE SIGNED 3-17-1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/17/53	24c. NAME OF CEMETERY OR CREMATORY Unity Cemetery	24d. LOCATION (City, town, or county) (State) Toledo Callaway Cy. Mo.
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DATE REC'D BY LOCAL REG. Mar 21-1953	REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>	426-	25. FUNERAL DIRECTOR'S SIGNATURE <i>Mapin Funeral Home</i>	ADDRESS <i>Fulton Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Student Embalmer

Signed J. J. Rosson
Licensed Embalmer No. J. J. Rosson 2555

P. O. Address St. Louis 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.