

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24146

State File No.

FILED AUG 7 - 1953
BIRTH NO. REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARLTON</u>	
b. CITY OR TOWN <u>CARROLLTON</u>		c. CITY OR TOWN <u>BRUNSWICK "RURAL"</u>	
c. LENGTH OF STAY (in this place) <u>10 Hrs</u>		d. STREET ADDRESS (If rural, give location) <u>ROUTE #2 0210 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WETZEL HOSPITAL</u>		3. NAME OF DECEASED a. (First) <u>LILLIAN</u> b. (Middle) <u>DEWEESE</u> c. (Last) <u>DEWEESE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7-31-1953</u>		5. SEX <u>FEMALE</u> 6. COLOR OR RACE <u>WHITE</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>1-16-1888</u>		9. AGE (In years last birthday) <u>65</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>LIVINGSTON Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J.C. PRICE</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA C. LAWTHORN</u>	
14. NAME OF HUSBAND OR WIFE <u>W.M.E. DEWEESE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.E. DEWEESE</u> ADDRESS <u>BRUNSWICK Mo</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of 2nd & 5th</u> ANTECEDENT CAUSES <u>Sunburn, Vertigo, Heart.</u> DUE TO (b) <u>stret following plane.</u> DUE TO (c) <u>General debility.</u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>General debility.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>9090 21</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>021</u> (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-28-53</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Patent fell in home</u>		22. I hereby certify that I attended the deceased from <u>7/31, 1953</u> , to <u>7/31, 1953</u> that I last saw the deceased alive on <u>7/31, 1953</u> , and that death occurred at <u>3:15 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Carrollton Mo</u>	
23c. DATE SIGNED <u>7-31-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>8-2-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>POWELL CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK RURAL Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Brumswick Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/2/53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

71
0

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 L. M. Beisler

Licensed Embalmer No. 823

P. O. Address Greenwich

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.