

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12811

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>3048</u>		Registrar's No. <u>106</u>	
1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NODAWAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARYVILLE</u>		c. LENGTH OF STAY (In this place) <u>7 DAYS</u>		c. CITY OR TOWN <u>BURNINGTON JCT</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST FRANCIS HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>2740</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>DEWYRE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 22 1954</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG 30 1909</u>		9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Month <u>7</u> Day <u>25</u>	IF UNDER 4 HRS. Hour <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECTION BOSS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>VISTA NEBRASKA</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>JAMES EDWARD DEWYRE</u>			13b. MOTHER'S MAIDEN NAME <u>DELLA WINTER</u>		14. NAME OF HUSBAND OR WIFE <u>MARY BLANCHE SWENBERG</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs BLANCHE DEWYRE BURNINGTON JCT 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>1561</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <u>July</u> , 19 <u>53</u> , to <u>April 22</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>April 22</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. J. Glend</u>				23b. ADDRESS <u>Maryville Mo.</u>		23c. DATE SIGNED <u>4/23/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-27-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST PATRICK</u>		24d. LOCATION (City, town, or county) (State) <u>MARYVILLE MO</u>		
DATE REC'D BY LOCAL REG. <u>4-24-54</u>		REGISTRAR'S SIGNATURE <u>Reas Holt</u> <u>229</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Brown Burl Jct Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

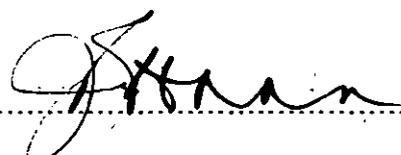
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 290

P. O. Address Riverside

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.