

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28384
State File No.

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5844 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Seneca 8 yrs</u>		c. LENGTH OF STAY (In this place) <u>8 yrs</u>	c. CITY OR TOWN <u>Rural</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. W. of Seneca</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>3 mi. W. of Seneca</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Osborne</u>	b. (Middle) <u>Kuhn</u>	c. (Last) <u>Deweese</u>	(Month) <u>Aug</u>	(Day) <u>11</u>	(Year) <u>1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar.</u>	8. DATE OF BIRTH <u>Feb. 24, 1894</u>	9. AGE (In years last birthday) <u>60</u>	10. UNDER 18 YRS. Hours Min. <u>0 0</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Thos. W. Deweese</u>		13b. MOTHER'S MAIDEN NAME <u>Emma S. Kuhn</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth 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>490-20-3139</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elizabeth Deweese</u>	
				ADDRESS <u>Seneca 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, ashenia, 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) <u>Heart Block</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4330</u>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 Aug 11, 1954 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. M. S. Nendenhall</u>		23b. ADDRESS <u>Seneca MO</u>		23c. DATE SIGNED <u>8-12-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kirk Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Near Seneca Mo</u>	
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DATE REC'D BY LOCAL REG. <u>8-14-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Irene Russell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Beddlem</u>		ADDRESS <u>Seneca MO</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No.

District File Number 854-169

Date Filed AUG 20 1954

NEOSHO, MISSOURI

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 W E Pederson

Licensed Embalmer No. 217

P. O. Address Geneca

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.