

FILED DEC 21 1954

STANDARD CERTIFICATE OF DEATH

State File No. 42096

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 390

9410

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

1. PLACE OF DEATH a. COUNTY ST. FRANCIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST. FRANCIS	
b. CITY (If outside corporate limits, write RURAL and give township) Bonne Terre	c. LENGTH OF STAY (in this place) 5da	c. CITY OR TOWN ELVINS	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 Bonne Terre Hospital			
e. STREET ADDRESS (If rural, give location) 0940			

3. NAME OF DECEASED (Type or Print) a. (First) HARVEY b. (Middle) R. c. (Last) DE PEW		4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 6, 1894	
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining	11. BIRTHPLACE (City and State or Foreign Country) Fronton, Mo.	12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME WILLIAM DE PEW	13b. MOTHER'S MAIDEN NAME ELIZA BURT	14. NAME OF HUSBAND OR WIFE NANCY DE PEW	
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. 493-03-9068	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Harvey DePew Elvins Mo.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. Anteriosclerotic heart disease with decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 yr
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200		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) m.	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 **12-7-54** 19, to **12-10-54** 19, that I last saw the deceased alive on **12-10-54**, 19, and that death occurred at **2:20 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. E. Carleton, M.D.	23b. ADDRESS Farmington Mo	23c. DATE SIGNED 12-14-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Dec. 13, 1954	24c. NAME OF CEMETERY OR CREMATORY WOODLAW CEM.	24d. LOCATION (City, town, or county) (State) Leadington Mo.
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DATE REC'D BY LOCAL REG. Dec. 14, 1954	REGISTRAR'S SIGNATURE Ether Pauloff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Raymond Caldwell Pilotway Mo.
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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 *R. Caldwell*

Licensed Embalmer No. *253*

P. O. Address *Flat R*

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.