

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 566

FILED JAN 9 1956

BIRTH NO.		REG. DIST. NO. <u>55</u>	PRIMARY REG. DIST. NO. <u>3011</u>	Registrar's No. <u>2</u>
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>Carroll.</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Carrollton. Same</u>		c. LENGTH OF STAY (in this place) <u>3 Days</u>	c. CITY OR TOWN <u>Norborne.</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>Atwood Hospital.</u>		e. STREET ADDRESS (If rural, give location) <u>213 West Ada. 0170</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>Lee</u> c. (Last) <u>Deweese.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 4, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED/WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 9, 1887.</u>	9. AGE (In years last birthday) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Mail Carrier.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Norborne Carroll County Mo. U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James H. Dewees.</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Evens</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Corine Dewees.</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jesse Dewees.</u> ADDRESS <u>Norborne Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1) Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>2) Esophageal Hemorrhage</u> DUE TO (b) <u>Cirrhosis of Liver 5810</u> DUE TO (c) <u>Bronchial Pneumonia bilateral</u> 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>6 hrs</u> <u>1/2 hr</u> <u>several years</u> <u>1 wk</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)	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>Jan 2</u> , 1956, to <u>Jan 4</u> , 1956, that I last saw the deceased alive on <u>Jan 4</u> , 1956, and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Dr. H.P. Platz</u>		(Degree or title) <u>MA</u>	23b. ADDRESS <u>Carrollton, Missouri</u>	23c. DATE SIGNED <u>1-6-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	24b. DATE <u>1/6/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>Norborne, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>1-6-56</u>	REGISTRAR'S SIGNATURE <u>Ms. Herbert Calvert</u>	450	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Deitch Jr.</u> ADDRESS <u>Norborne</u>	

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

9881 97 654

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John G Deitch Jr.....
Licensed Embalmer No. 479.....

P. O. Address Norburn.....

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.