

FILED FEB 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 882

BIRTH NO. REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>13 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>R-3</u> <u>0359</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>R-3</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mamie</u> b. (Middle) <u>Deweese</u> c. (Last) <u>Deweese</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-22-56</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>11-2-1897</u>		9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>waitress</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Pimms Tenn</u>	
13a. FATHER'S NAME <u>Tom James</u>			13b. MOTHER'S MAIDEN NAME <u>Vein Willis</u>		14. NAME OF HUSBAND OR WIFE <u>Burl Dewese</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Burl Dewese</u> ADDRESS <u>Kennett 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Coronary arteriosclerosis</u>		DUE TO (c)		?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201			

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 1947, to Jan 21, 1956, that I last saw the deceased alive on Jan 20, 1956, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chester R. Peck M.D.</u> (Degree or title)		23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>Jan 25, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-24-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK Ridge Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Kennett</u>		24e. STATE <u>MO</u>			

DATE REC'D BY LOCAL REG. <u>Jan 25-56</u>		REGISTRAR'S SIGNATURE <u>Earl Thurman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McDaniel</u> ADDRESS <u>Funeral Serv. Senath, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY

DEPARTMENT 1-30

COUNTY FILE NUMBER ... 2

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 *Ed Aumon*

Licensed Embalmer No. *484*

P. O. Address *Senath*

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.