

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26051**

42

1000

910

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Buchanan	
b. CITY (If outside corporate limits; write RURAL add give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) most of life		c. CITY OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		e. STREET ADDRESS (If rural, give location) 1415 S. 18th St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) DELLA			b. (Middle) M. P.			c. (Last) DEW			4. DATE OF DEATH (Month) (Day) (Year) August 20, 1956				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH November 1, 1877		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) San Antonio, Mo.				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME unknown Taylor			13b. MOTHER'S MAIDEN NAME unknown Simmons			14. NAME OF HUSBAND OR WIFE Milton		
---	--	--	---	--	--	--	--	--

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. none		17. INFORMANT'S SIGNATURE OR NAME Milton Dew		ADDRESS 1415 So. 18th St., St. Joseph, MO.	
--	--	--	--	--	--	--	--

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) Cerebrovascular hemorrhage		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 day	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis		unknown	
		DUE TO (c) Hypertensive vascular dis		1	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity		1	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x		20. AUTOPSY? YES <input checked="" 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)		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 18, 1956, to Aug 20, 1956, that I last saw the deceased alive on Aug 19, 1956, and that death occurred at 6:45a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Ames, M.D.		23b. ADDRESS 901 Edward St. St. Joseph, Mo.		23c. DATE SIGNED 8-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/22/1956		24c. NAME OF CEMETERY OR CREMATORY Bowen Cemetery	
				24d. LOCATION (City, town, or county) (State) Buchanan County, Missouri	

DATE REC'D BY LOCAL REG. Aug 23, 1956		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Walter Bowman		ADDRESS St. Joseph, Mo.	
---	--	---	--	--	--	-----------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William Spading*.....
Licensed Embalmer No. 4

P. O. Address 319 S. 11th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.