SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012791
STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 62

FILED MAY 15 1961

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: POPLAR BLUFF — Length of stay in 1b: 20 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: CAPE GIRARDEAU
c. CITY OR TOWN: CAPE GIRARDEAU — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 411 2nd STREET — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First JOHN Middle LEM Last DEWEESE
4. DATE OF DEATH: Month MAY Day 3 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 8/29/86
9. AGE (last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (City and state or country): PIKE CO., INDIANA
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: JOHN R. DEWEESE
13b. MOTHER'S MAIDEN NAME: MELINDIA DAVIS
14. NAME OF HUSBAND OR WIFE: NEVA DEWEESE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: VA HOSPITAL RECORDS, Address: POPLAR BLUFF, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	PULMONARY INFARCT, BILATERAL.	2-4- Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	PERITONITIS, ACUTE, GENERAL.	Undetermined
DUE TO (c)	CARCINOMA OF COLON WITH METASTASES.	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1. HYPERTENSIVE HEART DISEASE, CHRONIC. 2. ARTERIOSCLEROSIS, GENERAL.

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 13, 1961 to May 3, 1961 ~~and last saw him alive on~~ VA
Death occurred at 4:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. Lester Harwell, M.D. — J. LESTER HARWELL, M.D., Actg. Pathologist
22b. ADDRESS: VA Hospital, Poplar Bluff, Mo.
22c. DATE SIGNED: 5/3/61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 5-5-1961
23c. NAME OF CEMETERY OR CREMATORY: KENYON CEMETERY
23d. LOCATION (City, town, or county) (State): DELTA, MO.

24. FUNERAL DIRECTOR: GREER, CROY, & FITCH — ADDRESS: POPLAR BLUFF, MO.
25. DATE RECD. BY LOCAL REG.: 5-10-1961
26. REGISTRAR'S SIGNATURE: Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — BY AFFIDAVIT OF — ITEM NO.

MAY 15 1961

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 Philip J. Cassedy

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff,

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.