

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30202

State File No. _____

FILED SEP 23 1949

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3864</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DAVIES</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Memor Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Breckenridge</u>			
3. NAME OF DECEASED (Type or Print) <u>Clarence</u>		a. (First)		b. (Middle)		c. (Last) <u>Dewey</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 3 1949</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Jan. 25, 1873</u>		9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR-INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>Us</u>	
13a. FATHER'S NAME <u>George C. Dewey</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE PIPPETT</u>		14. NAME OF HUSBAND OR WIFE <u>SARAH LOUISE DEWEY</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>Thomas Dewey</u> ADDRESS <u>Breckenridge, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of rectum with metastases to prostate</u> ANTECEDENT CAUSES <u>with metastases to prostate</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized peritonitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 mo. (known)</u>	
19a. DATE OF OPERATION <u>8-30-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ad 2 papillary adenocarcinoma of rectum</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE _____		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 alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert Reinhardt</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Research Hosp., K.C. Mo.</u>		23c. DATE SIGNED <u>9/3/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/4/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hamilton</u>		24d. LOCATION (City, town, or county) (State) <u>MO.</u>	
DATE REC'D BY LOCAL REG. <u>9-8-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stine McClure & Co.</u>		ADDRESS <u>K. C. MO.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Max E. Meyer.

Licensed Embalmer No. *4555*

P. O. Address *H.C. Mo.*

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 this body is not embalmed, fact should be so stated above.