

8795

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED APR 4 1949

49

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>62</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1607 S. Main St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>TAGGART</u> c. (Last) <u>SEWALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 23, 1949</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>Aug 16, 1865</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Rev. Samuel Taggart</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Rockwell</u>		14. NAME OF HUSBAND OR WIFE <u>Wm J. Sewall</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. J. Sewall, 1607 S. Main, Carthage Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Left ventricular failure</u>					<u>10 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 occlusion, left circumflex</u> DUE TO (c) <u>Anterio-lateral infarction</u>					<u>14 days</u>
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>left ventricle 420'</u>					<u>7 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Hypertension 5 years</u>					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 <u>Feb 7, 1949</u> to <u>Feb 23, 1949</u> , that I last saw the deceased alive on <u>March 23, 1949</u> , and that death occurred at <u>11:26</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Emory J. Whiters, M.D.</u> (Degree or title)				23b. ADDRESS <u>417 So. Main</u>		23c. DATE SIGNED <u>MAR 24 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Mar 26, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Mar 25, 1949</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary Carthage, Mo.</u>			

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

MAY - 0 - 1948

APR 9 1956

MAR 28 1956

JAN 19 1956

JUN 21 1957

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.

Signed _____

Emmal Suep

Signed _____
Student Embalmer

Licensed Embalmer No. _____

391

P. O. Address _____

Carthage 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.