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FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23138

State File No.

BIRTH NO. REG. DIST. NO. 12C PRIMARY REG. DIST. NO. 2000 Registrar's No. 659-A

39 2 6

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural — Marshfield
d. STREET ADDRESS (If rural, give location): Ozark Township

112 0 0 1

3. NAME OF DECEASED (Type or Print)
a. (First): Sam
b. (Middle): — — —
c. (Last): Sewell

4. DATE OF DEATH (Month) (Day) (Year): July - 24 - 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Sept. 15-1863
9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months: x Days: x
IF UNDER 24 HRS.: Hours: x Min.: x

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer
10b. KIND OF BUSINESS OR INDUSTRY: Printing House
11. BIRTHPLACE (State or foreign country): Macon - Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Carrie Sewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Charles Sewell, Jr.
ADDRESS: Granite City, Ill.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular-Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) — 442X

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Fracture of left Femur. — July 21 1949

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): County Farm
21c. (CITY, TOWN, OR TOWNSHIP): Marshfield (COUNTY): Webster Co. (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 21 1949 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Accidental Fall in Quarters

22. I hereby certify that I attended the deceased from April 18, 1949, to July 21, 1949, that I last saw the deceased alive on July 21, 1949, and that death occurred at 12:15 P m., from the causes and on the date stated above.

23a. SIGNATURE: C. R. Macdonald, M.D.
(Degree or title)
23b. ADDRESS: Marshfield, Mo.
23c. DATE SIGNED: 7/25/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-27-49
24c. NAME OF CEMETERY OR CREMATORY: Fordland
24d. LOCATION (City, town, or county) (State): Fordland, Missouri.

DATE REC'D BY LOCAL REG.: 8-3-49
REGISTRAR'S SIGNATURE: W. E. Handley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Ray Ramey
ADDRESS: Marshfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 25 1950

SEP 10 1949

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 ..... Student Embalmer

Signed Rex Rainey

Licensed Embalmer No. B 3,12

P. O. Address Marshfield, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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