

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33054

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1137

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 and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 4 days		d. STREET ADDRESS (If rural, give location) 1817 S. 16th	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Edward	b. (Middle) B.	c. (Last) Jewitt	4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH July 3, 1892	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 3	IF UNDER 4 HRS. Days 12
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sterotyper, St.	10b. KIND OF BUSINESS OR INDUSTRY Joe, News Press	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Jewitt	13b. MOTHER'S MAIDEN NAME Mary Welch	14. NAME OF HUSBAND OR WIFE none
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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. unknown	17. INFORMANT'S SIGNATURE OR NAME Roy Jewitt, St. Joseph, Missouri	ADDRESS St. Joseph, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH 7 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cause not known DUE TO (c)		5810
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ascites; NPH 103 10/12/49			

19a. DATE OF OPERATION 6-11-49	19b. MAJOR FINDINGS OF OPERATION Hob nail small liver	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 6-7, 1949, to 10-15, 1949, that I last saw the deceased alive on 10-14, 1949, and that death occurred at 12:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Do not print title) B. J. Grant M.D.	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 10.15.49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/17/1949	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. Oct. 19, 1949	REGISTRAR'S SIGNATURE G. B. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE Wester Beerman	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side) **None**

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

JAN 11 1962

W. Shast
1302 Fourn

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 William Spalding

Licensed Embalmer No. 7525

P. O. Address 319 S. 10th St. Norfolk, 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.