

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 18 1949

State File No. **34485**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5800 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL Monroe Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL Monroe Township</b>	
c. LENGTH OF STAY (In this place) <b>1</b>		d. STREET ADDRESS (If rural, give location) <b>Monroe City R.R.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MONROE CITY R.R.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HATTIE</b> b. (Middle) <b>CORDELIA</b> c. (Last) <b>TEWELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPTEMBER 30<sup>th</sup> 1949</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>FEBRUARY 12<sup>th</sup> 1890</b>	9. AGE (In years last birthday) <b>59</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT Home</b>
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>MONROE County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>JOHN F. Tewel</b>	13b. MOTHER'S MAIDEN NAME <b>Joann Hardwick</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Raymond James</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocardial Disease</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>14 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Bronchitis</b>		
	DUE TO (c) <b>Diabetes Mellitus</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>501X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 Sept. 16, 1949, to Sept. 30, 1949, that I last saw the deceased alive on Sept. 16, 1949, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harold F. Ellis, D.O. V</b>	23b. ADDRESS <b>Monroe City, Mo</b>	23c. DATE SIGNED <b>10-1-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>OCT 3-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST STEVENS Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Indian Creek Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Oct 9, 1949</b>	REGISTRAR'S SIGNATURE <b>Oliver Little 204</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>WILSON &amp; SONS</b>	ADDRESS <b>MONROE CITY Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 17 1940  
District Health Officer No. 10  
District File Number 10-49-17  
Date Filed OCT 17 1940

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Leslie L. Wiley

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.