

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37330  
4665

State File No. ....

FILED NOV 22 1949

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>14 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		52 <u>3</u> 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1606 EAST-33<sup>RD</sup> STREET</u>				d. STREET ADDRESS (If rural, give location) <u>1606 EAST-33<sup>RD</sup> STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>T.</u> c. (Last) <u>JEWETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 2 1949</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>AUG-15-1881</u>	
9. AGE (In years last birthday) <u>68 YEARS</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>BROWNING MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>TURNER</u>		13b. MOTHER'S MAIDEN NAME <u>Nelson Owens</u>		13. NAME OF HUSBAND OR WIFE <u>Homer E. Jewett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-12-0947</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LEON F. TURNER</u>		ADDRESS <u>3764 HIGHLAND AVE KANSAS CITY, 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, assthenia, etc. It means the disease, injury, or complication which caused death.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>				DUE TO (b) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Week.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>+ Coronary Sclerosis.</u>		<u>2 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.						<u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>420!</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) m.		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>Nov</u> , 19 <u>47</u> to <u>Nov 2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 1</u> , 19 <u>49</u> , and that death occurred at <u>Uncertain</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Carl N. Lindquist</u> (Degree or title) <u>Carl N. Lindquist M.D.</u>				23b. ADDRESS <u>106 W. 14th</u>		23c. DATE SIGNED <u>11-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Maria's</u>		24d. LOCATION (City, town, or county) (State) <u>A. C. Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-3-49</u>		REGISTRAR'S SIGNATURE <u>Alradine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer's Sons</u>		ADDRESS <u>1357 BUSH CREEK KANSAS CITY, MO.</u>	

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

9-12

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 *A. J. Nofsinger*

Licensed Embalmer No. *3938*

P. O. Address *Kansas City*

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.