

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13129
State File No.

BIRTH NO.:		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>1477</u>
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 OR TOWN (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		
c. LENGTH OF STAY (in this place) <u>52 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>4217 CHARLOTTE STREET</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4217 CHARLOTTE STREET</u>				
3. NAME OF DECEASED a. (First) <u>CLAUDE</u>		b. (Middle) <u>SULLIVAN</u>		c. (Last) <u>MEWBORN</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 28 1950</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 8 1877</u>	9. AGE (In years last birthday) <u>72 YEARS</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MEAT BUSINESS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SWIFT & COMPANY</u>		11. BIRTHPLACE (State or foreign country) <u>MACON, TENNESSEE</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>JAMES C. MEWBORN</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH E. SULLIVAN</u>		14. NAME OF HUSBAND OR WIFE <u>ALICE I. MEWBORN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-07-4046</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ALICE I. MEWBORN</u> ADDRESS <u>4217 CHARLOTTE ST. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Myocardial Damage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery Disease</u> DUE TO (c) <u>General arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>		
18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>3 years</u> <u>3 years</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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>2-1</u> , 19 <u>47</u> to <u>3-28</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-28</u> , 19 <u>50</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W. P. Miller</u> (Degree or title)		23b. ADDRESS <u>800 Argyle St. 6th Fl. 32805</u>		23c. DATE SIGNED <u>3-28-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR. 30 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-30-50</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Newcomer Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Doyle L. Daniel

Licensed Embalmer No.

4707

P. O. Address

Kansas 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.