

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30503

State File No. _____

Registrar's No. 385

FILED SEP 22 1951

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

485

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

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 OR TOWN <u>Independence</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>3 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>		d. STREET ADDRESS (If rural, give location) <u>9700 Kentucky</u>	

3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Earl</u> c. (Last) <u>Jewell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 16, 1951</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>Apr. 2, 1893</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Radiator man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ford Motor Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Robt. D. Jewell</u>		13b. MOTHER'S MAIDEN NAME <u>Medora McMurry</u>		14. NAME OF HUSBAND OR WIFE <u>Janie B. Jewell</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>486 05 1972</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Janie B. Jewell</u>		ADDRESS <u>Kansas City, Mo.</u>	
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Biopneumic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ the underlying cause last.		
	DUE TO (c) <u>162X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypostatic Pneumonia Feb. 10 days</u>			

19a. DATE OF OPERATION <u>Aug. 1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ca. R. Lung, inoperable (w. of H. Hoop).</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 _____, 1947, to Sept 16, 1951, that I last saw the deceased alive on Sept 15, 1951, and that death occurred at 2:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. M. O'D</u>	23b. ADDRESS <u>1810 Oak Independence Mo</u>	23c. DATE SIGNED <u>9-17-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/18/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cem.</u>
24d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>		(State) _____

DATE REC'D BY LOCAL REG. <u>9-17-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Independence, Mo.</u>
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SEP 19 REC'D

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 *Larigan E. Brown*

Licensed Embalmer No. *4794*

P. O. Address *Independence 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.