

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40772

State File No.

FILED DEC 31 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1320

1. PLACE OF DEATH a. COUNTY Buchanan <u>0117</u>		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 <u>0117</u>	
c. LENGTH OF STAY (In this place) two weeks			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address and location) <u>Duncan Nursing Home</u> 723 So. 11th St.		d. STREET ADDRESS (If rural, give location) 3015 So. 18th St. <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) WERT	c. (Last) SOWELL	4. DATE OF DEATH (Month) (Day) (Year)	12 23 1951
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5. SEX Male <u>D</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <u>7</u>	8. DATE OF BIRTH 1-31-1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Unknown, Missouri <u>D</u>	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Isaac Sowell	13b. MOTHER'S MAIDEN NAME Elizabeth Harrington	14. NAME OF HUSBAND OR WIFE Mary Jane Sowell
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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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Sowell, 2218 No. 3rd St.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		Unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)		Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 7-10 1951 to 12-23 1951, that I last saw the deceased alive on 11-22 1951, and that death occurred at 10:00 am., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur Sowell</u> (Degree or title) <u>MD</u>	23b. ADDRESS Tootle Building 520 Francis & Joseph St.	23c. DATE SIGNED 26 Dec 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <u>(D)</u>	24b. DATE 12-26-1951	24c. NAME OF CEMETERY OR CREMATORY Union Mills Cemetery	24d. LOCATION (City, town, or county) (State) Edgerton, Missouri
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DATE REC'D BY LOCAL REG. Dec 27, 1951	REGISTRAR'S SIGNATURE <u>Carl C. Casey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John C. Sapp</u>	ADDRESS st. Joseph, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

FORM 2

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

working under my personal supervision.

Signed.....
Student Embalmer

Signed *John E. Duppel*
Student Embalmer No.....
Licensed Embalmer No. *3986*
P. O. Address *St. Joseph, 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.