

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 4702

FILED MAR 5 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 87

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

1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>1050, Milan</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.O. Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earnest</u> b. (Middle) <u>A</u> c. (Last) <u>Jewell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-16-53</u>		
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-3-1881</u>		9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR: Months <u>2</u> Days <u>13</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Policeman</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Horse Cave - Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Lloyd Jewell</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret McKinney</u>		14. NAME OF HUSBAND OR WIFE <u>Lalia Hawkins</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>499-20-0129</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lalia Jewell</u>		ADDRESS <u>Milan - Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>		
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			DUE TO (b) <u>Pulmonary Edema</u>		
DUE TO (c) <u>Congestive Heart Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>		
II. OTHER SIGNIFICANT CONDITIONS. <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			<u>Arteriosclerosis</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)		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) (Min.)		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>Feb. 11</u> , 19 <u>53</u> , to <u>Feb. 16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb. 16</u> , 19 <u>53</u> , and that death occurred at <u>4:34 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or Title) <u>M.T. Lutwiler D.O.</u>			23b. ADDRESS <u>5:56 P.M. Kirksville, Missouri</u>		23c. DATE SIGNED <u>2-16-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-19-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Milan - Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-2-53</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schlogges</u>		ADDRESS <u>Milan - Mo</u>

NOV 8 1957

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 August Schone

Licensed Embalmer No. 2667

P. O. Address Milwaukee - 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.