

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**24057**

State File No. ....

**FILED JUL 31 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5154 Registrar's No. 25

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Caldwell</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Mirabito</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Mirabito</u>	
c. LENGTH OF STAY (in this place) <u>2 Yr.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

<b>3. NAME OF DECEASED</b> (Type in Print) a. (First) <u>Vilona</u> b. (Middle) <u>Mac</u> c. (Last) <u>Jewell</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 13, 1953</u>		
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<b>5. SEX</b> <u>Fem. /</u>	<b>6. COLOR OR RACE</b> <u>W.</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 13, 1864</u>	<b>9. AGE</b> (In years last birthday) <u>89</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 6 HRS.</b> Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, or if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Caldwell Co., Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b>	
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<b>13a. FATHER'S NAME</b> <u>Diocletian Perry</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Susan Bozart</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Cowan Jewell</u>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>R. S. Jewell</u>		<b>ADDRESS</b> <u>Kidder, Mo.</u>	
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>					<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 hr.</u>  <u>5 days</u>  <u>15 yrs</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Medullary failure</u>					
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage.</u> DUE TO (c) <u>Arterio sclerosis</u>					
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.						

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>331X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 5-18, 1953 to 7-63, 1953, that I last saw the deceased alive on 7/12, 1953 and that death occurred at 7:00 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Ed Compton M.D.</u>	<b>23b. ADDRESS</b> <u>Cameron Mo.</u>	<b>23c. DATE SIGNED</b> <u>7/14/53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>7-16-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Highland</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Hamilton, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>July 27-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Bludys Jones</u>	<b>37-0</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Bram Funeral Home</u>	<b>ADDRESS</b> <u>Hamilton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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

*Morris A. Bean*  
Licensed Embalmer No. 03918

P. O. Address

*Hamilton, Va.*

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.