

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36306

FILED OCT 26 1953

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>3029</u>		Registrar's No. <u>96</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u> <u>1501</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crystal City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crystal City</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>28 Jefferson</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Helen</u>		b. (Middle) <u>—</u>		c. (Last) <u>Sewald</u>	
						4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 23, 1877</u>	
						9. AGE (In years last birthday) <u>75</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>England</u> <u>4</u>	
						12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Matt Scanlon</u>				13b. MOTHER'S MAIDEN NAME <u>Fannie Bright</u>		14. NAME OF HUSBAND OR WIFE <u>William M. Sewald</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William M. Sewald</u> <u>28 Jefferson</u> <u>Crystal City</u> <u>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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis chronic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatoid arthritis</u> <u>10 years</u> DUE TO (c) <u>Arteriosclerosis</u> <u>unk</u>			
				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 <u>4221</u>				20. AUTOPSY? YES ☐ NO ☒	
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 NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 12, 1953</u>, to <u>Oct 16, 1953</u>, that I last saw the deceased alive on <u>Oct 16, 1953</u>, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Henry Gaski M.D.</u>				23b. ADDRESS <u>Festus Mo</u>		23c. DATE SIGNED <u>10/19/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 19, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>		24d. LOCATION (City, town, or county) (State) <u>Festus Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 19, 1953</u>		REGISTRAR'S SIGNATURE <u>Pauline K. Polette</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. Winyard</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED OCT 23 1953

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

Donald H. Vinyard

Licensed Embalmer No. *4608*

P. O. Address

Hillsboro, 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.