

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8727

State File No. 1035

FILED MAR 25 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 65 yrs.	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: 127 SOUTH BELLAIRE		e. STREET ADDRESS (If rural, give location) 127 SOUTH BELLAIRE	

3. NAME OF DECEASED (Type or Print)	a. (First) LEE	b. (Middle) ROY	c. (Last) JEWELL	4. DATE OF DEATH (Month) (Day) (Year) MARCH-7-1954
-------------------------------------	-----------------------	------------------------	-------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 30-1885	9. AGE (In years last birthday) 68	10. MONTHS -	11. DAYS -	12. HOURS -	13. MIN. -
--------------------	-------------------------------	---	---------------------------------------	---	---------------------	-------------------	--------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Foreman	10b. KIND OF BUSINESS OR INDUSTRY SHEFFIELD STEEL	11. BIRTHPLACE (City and State or Foreign Country) WEIDA, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	--

13a. FATHER'S NAME Dillard Jewell	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE LOVENIA R. JEWELL
--	---------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. 487-05-4707	17. INFORMANT'S SIGNATURE OR NAME MRS. L.R. JEWELL	ADDRESS 127 South Bellaire
---	--	---	-----------------------------------

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, athermia, 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) Mania		6 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c) Hypertensive Heart Disease		over 6 months many years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			443X

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 **Sept 16, 1953**, to **Mar 7, 1954**, that I last saw the deceased alive on **Mar 6, 1954**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Martin P. Hunter (Degree or title) M.D.	23b. ADDRESS 1408 Waldheim Bldg.	23c. DATE SIGNED 3/8/54
--	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 9-1954	24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEM.	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. 3-8-54	REGISTRAR'S SIGNATURE Shelburne Smith	25. FUNERAL DIRECTOR'S SIGNATURE C. H. BLACKMAN & SON INC.	ADDRESS K.C., MO.
--	--	---	--------------------------

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed *W.C. Rinne*.....

Licensed Embalmer No. *487*

P. O. Address *K.C. Miss*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.