

No. 300  
10.48

FILED MAY 5 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12989**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **291** PRIMARY REG. DIST. NO. **5992** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY <b>Putnam</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>Putnam</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN "RURAL" Lincoln Township</b>		c. LENGTH OF STAY (in this place) <b>Life Time</b>	c. CITY OR TOWN <b>Unionville</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>HOSPITAL OR INSTITUTION</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>Lincoln Township 0869</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Cora</b>	b. (Middle) <b>May</b>	c. (Last) <b>Jewell</b>	Month <b>April</b>	Day <b>14</b>	Year <b>1954</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>May 5, 1872</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>II</b>	IF UNDER 24 HRS. Days <b>9</b>	Hours <b></b>	Min. <b></b>
-------------------------	----------------------------------	--	--	--	--	--------------------------------------	------------------	-----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sister's Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Putnam County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
---	--	---	--	--	---

13a. FATHER'S NAME <b>Reason Jewell</b>		13b. MOTHER'S MAIDEN NAME <b>Rebecca Bryan</b>		14. NAME OF HUSBAND OR WIFE	
--	--	---	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Jessie McColom R.F.D. Unionville, MO</b>		
--	--	--	---	--	--

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b> DUE TO (b) <b>arteriosclerosis &amp; hypertension</b> DUE TO <b>chronic glomerulonephritis &amp; senile debility</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 to 80 years</b>
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) m.		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 **May 3, 1954**, to **April 14, 1954**, that I last saw the deceased alive on **April 14, 1954**, and that death occurred at **1:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Chas. L. Judd D.O.</b>		23b. ADDRESS <b>Unionville Mo</b>		23c. DATE SIGNED <b>4/15/54</b>
---	--	--------------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 16, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mendota Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Putnam County, Missouri</b>	
--	----------------------------------	---	---	--

DATE REC'D BY LOCAL REG. <b>5-1-54</b>	REGISTRAR'S SIGNATURE <b>Marvell Durbin</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Comstock Funeral Home Unionville, Mo.</b>	
---	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 21 1958

MAY 6

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John W. Constock*.....  
Licensed Embalmer No. 389

P. O. Address *Unionville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.