

FILED JUL 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23148**  
**2925**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 years</u>	c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Mary's Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>45 2934 Flora</u> <span style="float:right">2478</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Herman</u> c. (Last) <u>Sewell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 1954</u>			
5. SEX <u>Male</u>	6. COLOR (OR RACE) <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>April 6, 1922</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>File clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Promotion Services</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Enid, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Herman Sewell</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Maude Forsythe</u>		14. NAME OF HUSBAND OR WIFE <u>-0-</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>445-18-3340</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert C. McGuire, step father, 3540 Paseo</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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure, acute</u> ANTECEDENT CAUSES <u>Coarctation of Aorta</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> <u>3 1/2 yrs</u> <u>7545</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Coarctation of Aorta</u>				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 <u>15 May, 1954</u> , to <u>26 June, 1954</u> , that I last saw the deceased alive on <u>26 June, 1954</u> , and that death occurred at <u>2 p.m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>John H. Mayer Jr.</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>618 Proj Bldg KC Mo</u>		23c. DATE SIGNED <u>28 June 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/29/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-28-54</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Quirk &amp; Tobin Co. 20 W. Linwood, K.C. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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, ~~only~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Forest D. Caldwell* .....

Licensed Embalmer No. *4714* .....

P. O. Address *K. C. 7225* .....

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.