

FILED OCT 7 1954

STANDARD CERTIFICATE OF DEATH

State File No. 30650

4332

BIRTH NO. \_\_\_\_\_ 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 MO b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 8 years

c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital

e. STREET ADDRESS (If rural, give location) 504 W 16<sup>th</sup> St 3290

3. NAME OF DECEASED  
a. (First) John b. (Middle) W c. (Last) Jewell

4. DATE OF DEATH (Month) 9 (Day) 8 (Year) 54

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 11-5-1903

9. AGE (in years last birthday) 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Menorah Worker

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) Mexico MO

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Clay Jewell

13b. MOTHER'S MAIDEN NAME Chloe Wilcox

14. NAME OF HUSBAND OR WIFE Anna J Jewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 483-09-5860

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna J. Jewell Kansas City MO

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: Massive Retroperitoneal Hemorrhage  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Ruptured Aneurysm Abdominal  
DUE TO (c) Aorta due to arteriosclerosis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
451X

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural

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) \_\_\_\_\_

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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. OWENS (Degree or title) \_\_\_\_\_

23b. ADDRESS 1034 Rialto Bldg

23c. DATE SIGNED 9-9-54

24a. BURIAL, CREMATION OR REMOVAL (Specify) Burial

24b. DATE 9-11-1954

24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery Vandalia

24d. LOCATION (City, town, or county) (State) MO

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 9-10-54 neva minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Passantino Bros KCMO

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

RECEIVED

61-0519

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 *Francis Walter*

Licensed Embalmer No. *27*

P. O. Address *K C W*

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.