

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5786**

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 4410		Registrar's No. 12		
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Phelps				
b. CITY (If outside corporate limits, write RURAL and give town) St. James		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. James		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 None				STREET ADDRESS (If rural, give location) 0810				
3. NAME OF DECEASED (Type or Print) George Franklin Sewell			a. (First) George			b. (Middle) Franklin		
			c. (Last) Sewell			4. DATE OF DEATH (Month) (Day) (Year) Feb 11, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 25, 1871		
				9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 10 Days 16		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME George Sewell			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Eda Sewell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 495-12-2295		17. INFORMANT'S SIGNATURE OR NAME Eda Sewell, St. James, Missouri			
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) Arteriosclerosis Hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis about 15 years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500					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)		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 11-13, 1954 to 2-11, 1955 , that I last saw the deceased alive on 2-11, 1955 , and that death occurred at 10:25 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE E. V. Hammler, M.D.				23b. ADDRESS St. James,		23c. DATE SIGNED 2-12-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 13, 1955		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Phelps Co, Missouri		
DATE REC'D BY LOCAL REG. 2-12-1955		REGISTRAR'S SIGNATURE Ruth B. Powell		429		25. GENERAL DIRECTOR'S SIGNATURE E. J. ...		

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 *Jesse Gabe*.....

Licensed Embalmer No. 4486
200 S. Meranda
P. O. Address St. James, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.