

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5253**

FILED MAR 5 1957

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		c. LENGTH OF STAY (in this place) <u>71 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		<u>0493</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1607 S. Main St</u>				d. STREET ADDRESS (If rural, give location) <u>1607 S. Main St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>JESSE</u>		c. (Last) <u>SEWALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 18, 1957</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white 0</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>		8. DATE OF BIRTH <u>June 2, 1866</u>	
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. newspaper editor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>newspaper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Virден, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William W. Sewall</u>		13b. MOTHER'S MAIDEN NAME <u>Susan E. Cox</u>		14. NAME OF HUSBAND OR WIFE <u>Jean Taggart Sewall</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>500-01-6445</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W. J. Sewall, 1607 Main, Carthage</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Neoplasm, upper lobe, R. lung Oct 1956</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(None smoker)</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia, secondary, achromic Nov. 1956</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Nov. 1956</u>	
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) <u>2</u>			
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>November, 1956</u> , to <u>Feb 18, 1957</u> , that I last saw the deceased alive on <u>Feb 18, 1957</u> , and that death occurred at <u>2:23 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Emory J. Williams M.D. 6</u>				23b. ADDRESS <u>Carthage, Mo</u>		23c. DATE SIGNED <u>2-18-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Feb 21, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-21-57</u>		REGISTRAR'S SIGNATURE <u>Edw. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u>			

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

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County File Number 57-2-168

Date Filed FEB 28 1957

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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 _____
Student Embalmer

Signed O. J. Isbell

Licensed Embalmer No. 4970

P. O. Address Coit House

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 this body is not embalmed, fact should be so stated above.