

THE DIVISION OF HEALTH OF MISSOURI
 FILED MAY 13 1957 STANDARD CERTIFICATE OF DEATH

State File No. **19832**

BIRTH NO. _____ REG. DIST. NO. **381** PRIMARY REG. DIST. NO. **4513** Registrar's No. **60**

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green Castle		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green Castle	
c. LENGTH OF STAY (in this place) 17 years		d. STREET ADDRESS (If rural, give location) No street address	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Green Castle			

3. NAME OF DECEASED (Type or Print) a. (First) Claude	b. (Middle) Dell	c. (Last) Sewell	4. DATE OF DEATH (Month) (Day) (Year) May 6, 1957
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5. SEX <input type="checkbox"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 19, 1880	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Sewell	13b. MOTHER'S MAIDEN NAME Fannie Williams	14. NAME OF HUSBAND OR WIFE Willa Sewell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Can't find	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Willa, Sewell, Green Castle, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		16 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Arteriosclerosis DUE TO (c)		5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	4201	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from **March 15, 1955**, to **May 6, 1957**, that I last saw the deceased alive on **April 12, 1957**, and that death occurred at **10 A m.**, from the causes and on the date stated above.

23a. SIGNATURE R.D. Smith D.O.	23b. ADDRESS Green City, Mo	23c. DATE SIGNED May 8, 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 8, 1957	24c. NAME OF CEMETERY OR CREMATORY Green Castle Cemetery	24d. LOCATION (City, town, or county) (State) Green Castle, Mo.
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DATE REC'D BY LOCAL REG. 5-9-57	REGISTRAR'S SIGNATURE Mrs. M.W. Beckett	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Allen E. Kent & Son, Green City, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

525
6

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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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 this body is not embalmed, fact should be so stated above.