

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35322

STATE FILE NUMBER

FILED OCT 31 1957

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 144

Health  
& Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>JUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JUNKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>KENNETT</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>KENNETT</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> Length of stay in 1b		d. STREET ADDRESS <u>205 Oak St.</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY ELIZABETH JONES SEWELL</u>		4. DATE OF DEATH Month Day Year <u>OCT. 20 1957</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 25-1889-68</u>
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>	11. BIRTHPLACE (City and state or country) <u>Ark. Ark</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13. FATHER'S NAME <u>Joe Jones</u>		14. MOTHER'S MAIDEN NAME <u>Malory Stallings</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>H. U. SEWELL - KENNETT, MO.</u>
18. CAUSE OF DEATH [Enter one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>toxic thyroid</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u> <u>6 yrs</u> <u>4 yrs</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			<u>2520</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>Jan 1 1898</u> to <u>Oct 20 1957</u> and last saw her alive on <u>10-20-57</u> Death occurred at <u>home</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Paul Salzman M.D.</u>		22b. ADDRESS <u>Kennett Mo</u>	22c. DATE SIGNED <u>10-21-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>OCT. 21-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>	23d. LOCATION (City, town, or county) (State) <u>KENNETT, MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Paul Salzman - Kennett, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-21-1957</u>	26. REGISTRAR'S SIGNATURE <u>Carl Husband</u>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY  
DEPARTMENT 10-29-  
COUNTY FILE NUMBER 605

NOV 6 1957

DEC 8 1957

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 *[Signature]*.....

Licensed Embalmer No. *[Signature]*

P. O. Address *[Signature]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.