

FILED DEC 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44436**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5636**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY STOCKTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STOCKTON KANSAS	
c. LENGTH OF STAY (In this place) 1 DAY		d. STREET ADDRESS (If rural, give location) 815 8	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. MARY'S HOSPT.			

3. NAME OF DECEASED (Type or Print) JOHN KEWLEY			4. DATE OF DEATH (Month) (Day) (Year) NOV 28 1957		
a. (First)	b. (Middle)		c. (Last)		
5. SEX MALE		6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 4-1882	
9. AGE (In years last birthday) 75		10. MONTHS 6	11. DAYS 28	12. HOURS 2K	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CONTRACTOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) STOCKTON KANSAS	
12. CITIZEN OF WHAT COUNTRY? US					

13a. FATHER'S NAME JOHN KEWLEY		13b. MOTHER'S MAIDEN NAME Mrs PRICKETT		14. NAME OF HUSBAND OR WIFE HATTIE MAUD KEWLEY	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Mrs Stephen Eberhart ADDRESS 4327 Oak	
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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, ashenia, 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) Acute Myocardial Infarction		DUE TO (b) Coronary atherosclerotic Heart Dis				12 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Cholelithiasis				4200	
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				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) (m.)		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 **5-24, 1953**, to **11-28, 1957**, that I last saw the deceased alive on **11-28, 1957**, and that death occurred at **1 P** m., from the causes and on the date stated above.

23a. SIGNATURE Hubert M. Parker M.D. (Degree or Title)		23b. ADDRESS 928 Oggle K. Co. Mo		23c. DATE SIGNED 11-28-57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE NOV 28-57		24c. NAME OF CEMETERY OR CREMATORY STOCKTON CEM.		24d. LOCATION (City, town, or county) (State) STOCKTON KANSAS	
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DATE REC'D BY LOCAL REG 11-28-57		REGISTRAR'S SIGNATURE neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE Hubert M. Parker ADDRESS Lawrence City, Kans.	
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WRITE PLAINLY—USING UNFADING BLACK-INK—MAKE A PERMANENT RECORD
Hubert M. Parker
De. H. M. Parker
Oggle, Mo.



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.

Signed.....
Student Embalmer

Signed *Chie Gibson*

Licensed Embalmer No. 3135

P. O. Address Lawrence City, Kansas

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.