

Health,
& Welfare
Public
Service
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026668
STATE FILE NUMBER

FILED JUL 23 1958 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 271

1. PLACE OF DEATH a. COUNTY St. Francois		5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 13, 1894		9. AGE (In years, birthday) 63		10. FUNDER 1 YEAR Months Days Hours Min.		11. IF UNDER 24 HRS.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Bonne Terre		0941		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 108 Church St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		4. DATE OF DEATH Month Day Year July 9, 1958	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		Length of stay in 1b		3. NAME OF DECEASED (Type or print) First Middle Last JAMES EDWIN JEWELL				12. CITIZEN OF WHAT COUNTRY? USA							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Pros. Supt.		10b. KIND OF BUSINESS OR INDUSTRY St. Jos. Lead		11. BIRTHPLACE (City and state or country) Kansas City, Mo.				12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME J. Ed Jewell				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Mabel E. Baisley							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) Yes WW 1		16. SOCIAL SECURITY NO. 490 03 1310		17. INFORMANT Mrs. J. E. Jewell (Wife)				Address Bonne Terre, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction myocardium										INTERVAL BETWEEN ONSET AND DEATH 4 days					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)										4201					
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 July 4, 1958 to July 8, 1958 and last saw him alive on July 8, 1958 - Death occurred at 7:35 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.										22. DATE SIGNED 7-11-58					
22a. SIGNATURE <i>Walter W. Miller M.D.</i>										22b. ADDRESS Bonne Terre, Mo.					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-12-1958		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery				23d. LOCATION (City, town, or county) (State) Joplin, Mo.							
24. FUNERAL DIRECTOR BOYER & SON				ADDRESS Bonne Terre, Mo.				25. DATE RECD. BY LOCAL REG. July 11, 1958		26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

JUL 9 1 1958

AUG 1 9 1958

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 *B. T. Boyer*

Licensed Embalmer No. 3660
Desloge, Mo.
P. O. Address

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.