

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002904

FILED VS FEB 8 1960

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 7

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lincoln Township</u>		Length of stay in 1b <u>Life time</u>		c. CITY OR TOWN <u>Unionville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Unionville R.R. No. 4</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Lincoln Township R.R. #4</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Matilla</u> Last <u>Jewell</u>				4. DATE OF DEATH Month <u>January</u> Day <u>30</u> Year <u>1960</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1/20/1877</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>10</u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Futnam County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Cyrus B oston</u>			13b. MOTHER'S MAIDEN NAME <u>Virginia Flick</u>		14. NAME OF HUSBAND OR WIFE <u>Emery Jewell</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>492-44-1302</u>	17. INFORMANT Address <u>R.R. #4</u> <u>Mrs. Eli Hudson Unionville, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral vascular accident</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 day.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)						
		DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <u> </u> Month, Day, Year <u> </u>								
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>1 Mar 59</u> to <u>30 Jan 60</u> and last saw her <u>30 Jan 60</u> alive on <u>30 Jan 60</u> Death occurred at <u>2:20 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Eugene Peter MD</u> (Degree or title)				22b. ADDRESS <u>Unionville, Mo</u>		22c. DATE SIGNED <u>7/2-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/1/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Unionville Cemetery</u>		23d. LOCATION (City, town, or county) <u>Unionville, Missouri</u>				
24. FUNERAL DIRECTOR ADDRESS <u>Comstock Funeral Home</u> <u>R. V. John N. Comstock</u>			25. DATE RECD. BY LOCAL REG. <u>2-1-60</u>		26. REGISTRAR'S SIGNATURE <u>Marvill Durbin</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 14 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, N.C.

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.