

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 14 1960

-60-007632

Registration District No. 280 Primary Registration District No. 180 Registrar's No. 17

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Platte</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>May</b>		Length of stay in 1b <b>20 Yrs.</b>		c. CITY OR TOWN <b>Smithville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>6 miles So. West Smithville</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Gordon</b> Last <b>Sewell</b>				4. DATE OF DEATH Month <b>March</b> Day <b>1</b> Year <b>1960</b>					
5. SEX <b>Ma</b>	6. COLOR OR RACE <b>Wh</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-9-87</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Owner</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and state or country) <b>Atlanta, Georgia</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>Loreto Sewell</b>			13b. MOTHER'S MAIDEN NAME <b>America Oliver</b>			14. NAME OF HUSBAND OR WIFE <b>Helen F. Sewell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-10-9219</b>		17. INFORMANT Address <b>Mrs. Helen Sewell Smithville, Mo</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) <b>Coronary Artery Disease</b> DUE TO (c) <b>Generalized A.S.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized Melancholia</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 a.m. p.m. Month, Day, Year		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>1947</u> to <u>3/1/60</u> and last saw him alive on <u>3/1/60</u> Death occurred at <u>8:10 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Dr. J. H. ...</i>				22b. ADDRESS <i>Platte City, Mo</i>		22c. DATE SIGNED <i>3/2/60</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-3-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Second Creek Cemetery</b>			23d. LOCATION (City, town, or county) <b>Platte County, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>McComas Funeral Home</b>			ADDRESS <b>Smithville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Mar. 3, 1960</b>		26. REGISTRAR'S SIGNATURE <i>Alphia Roelms.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 25 1960

MAY 18 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

*Donald W. Hanks*

Licensed Embalmer No. *4528*

P. O. Address *Smithville, Mo*

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