

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016184

STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 120

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 7 1962

1. PLACE OF DEATH
 a. COUNTY Nodaway
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville Length of stay in 1b 8 weeks
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Nodaway
 c. CITY OR TOWN Maryville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 212 West Second Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last JOHN HARVEY SEWELL 4. DATE OF DEATH Month Day Year 4 15 62

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10/25/05 9. AGE (last birthday) 56 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Clerk & carrier 10b. KIND OF BUSINESS OR INDUSTRY U. S. Post Office 11. BIRTHPLACE (City and state or country) Burlington Jct., Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John H. Sewell 13b. MOTHER'S MAIDEN NAME Mary Fretag 14. NAME OF HUSBAND OR WIFE Opal Spohn Sewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Opal Sewell, Maryville, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) *Bronchopneumonia* INTERVAL BETWEEN ONSET AND DEATH *2 wks*
 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) *Post Influenzal Encephalitis, Endocarditis* PART III. If deceased was female was there a pregnancy in last 90 days Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 *2/25/62* to *4/15/62* and last saw ^{xxx} him alive on *4/15/62*
 Death occurred at *4:00* P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *[Signature]* (Degree or title) M. D. 22b. ADDRESS Maryville, Missouri 22c. DATE SIGNED 4/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 4/17/62 23c. NAME OF CEMETERY OR CREMATORY Miriam 23d. LOCATION (City, town, or county) (State) Maryville, Missouri

24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 4-28-62 26. REGISTRAR'S SIGNATURE *Beas Bolt*

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF) DATE AMENDED 10745 2 2745 2 3 4 0 5 1 6 7 0 8 1 9491X 10 11 12 2-0 13 1-0

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION SHOULD READ ITEM NO.

VS MAY 8 1962

JUN 5 1963

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 Clara M. Price

Licensed Embalmer No. 1822

P. O. Address Manville, Wyo

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.