

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36675

State File No. ....

FILED NOV 21 1955

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4218</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Henry</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. LENGTH OF STAY (in this place) <u>16 days</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor General</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Calhoun</u>			
d. STREET ADDRESS (If rural, give location) <u>0420</u>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Jerry</u>		b. (Middle) <u>Colby</u>		c. (Last) <u>Fewell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-14-55</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct 14 1888</u>	
9. AGE (In years last birthday) <u>67</u>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Calhoun Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchandising</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Calhoun Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Calvin Fewell</u>		13b. MOTHER'S MAIDEN NAME <u>Myrtle Mullins</u>		14. NAME OF NEAREST OF WIFE <u>Viola Fewell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>524-22-2272</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Viola Fewell Calhoun Mo</u> ADDRESS _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS			
ANTECEDENT CAUSES				DUE TO (b) <u>Coronary Heart Disease</u> <u>4 yrs.</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____			
III. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
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?			
22. I hereby certify that I attended the deceased from <u>Nov 9</u> , 19 <u>55</u> , to <u>Nov: 14</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Nov: 14</u> , 19 <u>55</u> , and that death occurred at <u>6:00</u> Am., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Claude M. Thurber M.D.</u>				23b. ADDRESS <u>Windsor, Mo.</u>		23c. DATE SIGNED <u>11-14-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 16 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Calhoun Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-16-55</u>		REGISTRAR'S SIGNATURE <u>Mildred Bigand</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. R. Housey</u> ADDRESS <u>Calhoun Mo</u>			

SEP 14 1956

SEP 13 1956

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 .....  
Student Embalmer

Signed *Robert L. Dummer*

Licensed Embalmer No. *4710*

P. O. Address *Clinton, Mo.*

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.