

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7238**

FILED **MAR 17 1952**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **39**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY AUDRAIN			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CALLAWAY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO		c. LENGTH OF STAY (In this place) 13 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN AUXVASSE 0140		d. STREET ADDRESS (If rural, give location) 1
d. FULL NAME OF HOSPITAL OR INSTITUTION AUDRAIN HOSPITAL					
3. NAME OF DECEASED (Type or Print) a. (First) WADE		b. (Middle) NAMPTON	c. (Last) FEWELL	4. DATE OF DEATH (Month) (Day) (Year) MARCH 5 1952	
5. SEX U	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 13 1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and State or Foreign Country) CALLAWAY COUNTY Mo		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME BENJ. FEWELL		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ZELLA TURMAN FEWELL	
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. No	17. INFORMANT'S SIGNATURE OR NAME WESLEY FEWELL ADDRESS Columbia Mo		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism				INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Arteriosclerosis 10 years				
	DUE TO (c) 332 X				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic hepatitis and hypertrophied prostate				6 mos.
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)		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 Feb. 21 1952 , to Mar 5 1952 , that I last saw the deceased alive on Mar 5 1952 , and that death occurred at 11:40 A. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) H. W. Swan			23b. ADDRESS Mexico, Mo.		23c. DATE SIGNED 3-5-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 5/52	24c. NAME OF CEMETERY OR CREMATORY Auxvasse		24d. LOCATION (City, town, or county) (State) Auxvasse Mo	
DATE REC'D BY LOCAL REG. Mar-8-1952	REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE Maupin Turn. & Dnd Co. ADDRESS Auxvasse Mo.		

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 *Nancy A. Stewart*

Licensed Embalmer No. 3722

P. O. Address Hutton Mesa

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.