

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41405

|   |  |   |   |  |  |   |  |  |
|---|--|---|---|--|--|---|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 226  |   | PRIMARY REG. DIST. NO. 5800  |  | Registrar's No. 51  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Monroe</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u> |  |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Monroe Township</u>   |  | c. LENGTH OF STAY (in this place) <u>42</u>   |   | c. CITY OR TOWN <u>Rural Monroe Township</u>   |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe City</u>  |  |   |   | STREET ADDRESS (If rural, give location) <u>Monroe City, RR 2 0690</u>   |  |   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>LOAREN</u> b. (Middle) <u>PHILIP</u> c. (Last) <u>TEWELL</u>   |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 16 1955</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>AUGUST 15 1895</u>  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>  |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE COUNTY Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  |  |
| 13a. FATHER'S NAME <u>CHARLES TEWELL</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>LUCY MUDD</u>  |   | 14. NAME OF HUSBAND OR WIFE <u>ADELA DEE TEWELL</u>  |  |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |  | 16. SOCIAL SECURITY NO. <u>486-42-1559</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Loaren P. Tewel</u> ADDRESS <u>Monroe City Mo</u>   |  |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                                 |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary infection</u><br>ANTECEDENT CAUSES <u>Chrom myocarditis</u><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS <u>4201</u><br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH <u>2 days 10 yrs</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>12-14</u> <u>1955</u> , to <u>12-16</u> , 1955, that I last saw the deceased alive on <u>12-14</u> , 1955, and that death occurred at <u>8:20 Am.</u> , from the causes and on the date stated above. |  |   |   |  |  |   |  |  |
| 23a. SIGNATURE (Degree or title) <u>F. M. Sumner, D.O.</u>  |  |   |   | 23b. ADDRESS <u>Monroe City, Mo.</u>   |  | 23c. DATE SIGNED <u>12-19-55</u>  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>December 19-55</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY <u>HOLY ROSARY Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Monroe City, Missouri</u>  |  |  |
| DATE REC'D BY LOCAL REG. <u>12-20-55</u>  |  | REGISTRAR'S SIGNATURE <u>E. Lee Robertson</u> 471   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILSON &amp; SONS, Monroe City, Missouri</u>   |  |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 30 1963

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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 *Lucie R. Wilson*.....

Licensed Embalmer No. *3014*

P. O. Address *Monroe City*

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.