

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039942

STATE FILE NUMBER

FILED DEC 8 1958

Registration District No. 149

Primary Registration District No. 1.001

Registrar's No. 5316

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General #2		Length of stay in lb 30 yrs.	d. STREET ADDRESS 2319 Vine Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Herman Fewell			4. DATE OF DEATH Month Day Year November 8, 1958		
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIAGE NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-14-1884	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Night Watchman	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or country) Lewis Station, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Cass Fewell	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no, or unknown) (If yes, give years of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT Lillie Mae Stark Address 2223 Montgall
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) etiology unknown	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 10-27-58 to 11-8-58 and last saw her alive on 11-8-58 Death occurred at 2:44 Pm on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE E. Dramm (Degree or Title)	22b. ADDRESS 600 East 22nd Street	22c. DATE SIGNED 11-10-58
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11/11/58	23c. NAME OF CEMETERY OR CREMATORY City	23d. LOCATION (City, town, or county) (State) Clinton Mo
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24. FUNERAL DIRECTOR Lawrence A. Jones ADDRESS 2301	25. DATE RECD. BY LOCAL REG. 11-10-1958	26. REGISTRAR'S SIGNATURE Neva Minshall
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All diseases in Part I must be causally related.

B. Frank Ellis USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1180-3-74

Dr. Brown

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
Licensed Embalmer No. 4429

P. O. Address 2304 Veni

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.