

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16985

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>311</u>		PRIMARY REG. DIST. NO. <u>4456</u>		Registrar's No. <u>13</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. CLAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST CLAIR</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City, Mo.</u>		93			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Ann</u> b. (Middle) <u>McEwan</u> c. (Last) <u>McEwan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 - 1949</u>						
5. SEX <u>71</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Feb. 19 - 1858</u>			
9. AGE (In years last birthday) <u>91</u>		10. MONTHS <u>2</u>		11. DAYS <u>19</u>		12. IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Appleton City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Benjamin H. Hazel</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Hill</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leslie M. Egan</u>			ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Chronic Nephritis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5:20X</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>July 1, 1929</u> , to <u>May 8, 1949</u> ; that I last saw the deceased alive on <u>May 7, 1949</u> , and that death occurred at <u>10:20 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>C. P. Hansen M.D.</u>				23b. ADDRESS <u>Appleton City</u>		23c. DATE SIGNED <u>5-9-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City</u>		24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>May 10-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Oleo Abney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar Eckhoff</u>		ADDRESS <u>Oscar Eckhoff</u>			

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

RECEIVED

District Health Officer No. 7

District File Number 4-49-556

Date Filed 5-17-49

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 Oscar Eckhoff.....

Licensed Embalmer No. 39 x 2

P. O. Address Appleton City, 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.