

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22548**

BIRTH NO. _____ REG. DIST. NO. **37** PRIMARY REG. DIST. NO. **5116** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - BOURBON	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Bourbon	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 4 mi So Stingers	

3. NAME OF DECEASED (Type or Print) a. (First) MARY	b. (Middle) ELLEN	c. (Last) EWENS	4. DATE OF DEATH (Month) (Day) (Year) July 27 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 18 - 1869	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 7 Days 8	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boone Co. - Mo. O	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Pearson Wade	13b. MOTHER'S MAIDEN NAME Eliza Jane Stivers	14. NAME OF HUSBAND OR WIFE Geo. Ewens
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Eliza Jane Robinson Stingers	ADDRESS Stingers
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs 390 4500
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure Right		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 18, 1949** to **July 27, 1949**, that I last saw the deceased alive on **July 27, 1949**, and that death occurred at **Stingers**, from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR M. M. [Signature]	(Degree or title)	23b. ADDRESS Stingers Mo.	23c. DATE SIGNED 7-6-1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 3 - 1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope	24d. LOCATION (City, town, or county) (State) 1 mi So Stingers Mo.
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DATE REC'D BY LOCAL REG. July 7/1949	REGISTRAR'S SIGNATURE Maud M. [Signature]	30	25. FUNERAL DIRECTOR'S SIGNATURE Bennett & Boothe Stingers Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-14-49
District Health Officer No. 9,
District File Number

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.

Signed

A. E. Booth

Signed

Student Embalmer

Licensed Embalmer No.

4087

P. O. Address

Sturgeon 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.