

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34324**

BIRTH NO. _____ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **244**

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

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline	
c. LENGTH OF STAY (in this place) 2 Days		d. STREET ADDRESS (If rural, give location) rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis			

3. NAME OF DECEASED (Type or Print) a. (First) Gerhard b. (Middle) OO c. (Last) Ewigman			4. DATE OF DEATH (Month) (Day) (Year) Oct. 6, 1949		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH June 4, 1864		9. AGE (in years last birthday) 85		IF UNDER 1 YEAR: Days 4 Hours 2 IF UNDER 24 Hrs. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY Farmer.		11. BIRTHPLACE (State or foreign country) Westfalen Germany	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME unknown Ewigman		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Elizabeth Ewigman	
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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) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Bernard Ewigman, Marceline, Mo. ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardio-circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis			
		DUE TO (c) Senility			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		322V	

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)	
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 **August 1949 to Sept 6, 1949**, that I last saw the deceased alive on **Sept 6, 1949**, and that death occurred at **8:45 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Smith		23b. ADDRESS Marceline, Mo		23c. DATE SIGNED 10-7-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Oct. 8, 1949		24c. NAME OF CEMETERY OR CREMATORY Mt. Killard		24d. LOCATION (City, town, or county) (State) Marceline, Mo	
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DATE REC'D BY LOCAL REG. Oct 8-49		REGISTRAR'S SIGNATURE Mary Jane Owens		FUNERAL DIRECTOR'S SIGNATURE James McLaughlin ADDRESS Marceline, Mo.	
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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
Student Embalmer

Signed *Blanche McLaughlin* _____

Licensed Embalmer No. 1909 _____

P. O. Address Marceline, 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.