

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15639**
Registrar's No. **592**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <i>0117</i>	
c. LENGTH OF STAY (In this place) 71 days		d. STREET ADDRESS (If rural, give location) 802 1/2 South 13th St. <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Amey b. (Middle) Dorothy c. (Last) Ewan	4. DATE OF DEATH (Month) (Day) (Year) May 30, 1951
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH October 17, 1896	9. AGE (In years last birthday) 54	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, even if retired) teacher	10b. KIND OF BUSINESS OR INDUSTRY Junior College	11. BIRTHPLACE (State or foreign country) Monmouth, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Ewan	13b. MOTHER'S MAIDEN NAME Armanda Russell	14. NAME OF HUSBAND OR WIFE none
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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. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rabph R. Ewan, Hume, 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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Carcinomatous		INTERVAL BETWEEN ONSET AND DEATH 37 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary site DUE TO (c) metastases		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 1998	19b. MAJOR FINDINGS OF OPERATION 1998	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) _____	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 **9-21**, 19**57**, to **5-30**, 19**57**, that I last saw the deceased alive on **5-30**, 19**51**, and that death occurred at **11p.** m., from the causes and on the date stated above.

23a. SIGNATURE Walter J. Smith M.D. (Degree or title)	23b. ADDRESS 218 No 7th, Hume	23c. DATE SIGNED 6/1/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/2/1951	24c. NAME OF CEMETERY OR CREMATORY Hume Cemetery	24d. LOCATION (City, town, or county) (State) Hume Missouri
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DATE REC'D BY LOCAL REG. June 4, 1951	REGISTRAR'S SIGNATURE Carl E. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman Funeral Home	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. Clifton Smith

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 *James P. Hawkin*
Licensed Embalmer No. 4535

P. O. Address 319 S. 10 St. P. Jones

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 15639
Local Registrar's No. 592

State of Missouri }
County of Buckner } SS.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 13th day of June, 1951, before me appears J Harold
Bowman, who, upon his oath, states that the original record of ^{birth} death
for Amy Dorothy E wan, ^{died} May 30, 1951, in the State of
^{born} Missouri, and which was filed at St Joseph, Mo. on 6/4/51, 1951, should be corrected as follows:

- Item No. 8 should read 1896
Instead of 1897
- Item No. 9 should read 54
Instead of 53
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant J Harold Bowman Vice - Pres.
Heaton - Bowman Relationship
St. Joseph, Mo. Funeral Home
Present Address.

Subscribed and sworn to before me this 13 day of June, 1951

My Commission expires Oct. 18, 1954 Alouise Bowman Notary Public.