

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 16 1951

State File No. 15920

BIRTH NO.		REG. DIST. NO. 64		PRIMARY REG. DIST. NO. 4109		Registrar's No. 419		
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>				
b. CITY OR TOWN <u>Keytesville</u>		c. LENGTH OF STAY (In this place) <u>lifetime</u>		c. CITY OR TOWN <u>Keytesville</u>		0200		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none - N.W. part of town</u>				d. STREET ADDRESS (If rural, give location) <u>N.W. part of town</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ed</u> b. (Middle) <u>Ewing</u> c. (Last) <u>Ewing</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-30-1951</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>2/26/1863</u>		
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>assessor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>assessor</u>		11. BIRTHPLACE (State or foreign country) <u>Keytesville, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u> Sterling Price Ewing</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Wright</u>			14. NAME OF HUSBAND OR WIFE <u>Ada V. Worreman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give no. or date of service) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ed Ewing</u> ADDRESS <u>Keytesville, Mo</u>				
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>Chronic myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS <u>0</u> 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 checked="" 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)		4222		
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 <u>June 26, 1874</u> , to <u>April 30, 1951</u> , that I last saw the deceased alive on <u>Apr. 30, 1951</u> , and that death occurred at <u>11:49 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Carl C. Hege</u> (M.D.)				23b. ADDRESS <u>Keytesville, Mo</u>		23c. DATE SIGNED <u>5/3/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5/3/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Keytesville</u>		24d. LOCATION (City, town, or county) (State) <u>Keytesville Mo</u>		
DATE REC'D BY LOCAL REG. <u>5-5-1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Fred A. Thompson</u> ADDRESS <u>Madison, Mo</u>				

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

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Date Received: MAY 11 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 5-57-890  
Date Filed: MAY 12 1951

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 *Mrs Fred A Thompson*

Licensed Embalmer No. *3282*

P. O. Address *Madison, Wis*

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.