

36655

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10-48

67107-1-1
FILED DEC 5 1951

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4112 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dalton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dalton 0210	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) LOWELL	b. (Middle) EALDEN	c. (Last) EWING	4. DATE OF DEATH (Month) (Day) (Year) Oct. 31, 1951
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Child	8. DATE OF BIRTH Oct. 30, 1951	9. AGE (In years last birthday) 15	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Eugene Ewing	13b. MOTHER'S MAIDEN NAME Doris Hall	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Doris Hall Ewing Dalton	ADDRESS Dalton
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dehydration due to pre-mature Birth.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bradycardia, unable to correct with stimulation, abnormal respiration DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pre-mature birth.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7735	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK 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 **Oct. 30, 1951** to **Oct. 31, 1951** that I last saw the deceased alive on **Oct. 31, 1951**, and that death occurred at **1:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. Fowler	(Degree or title) D.O.	23b. ADDRESS Brunswick, Missouri	23c. DATE SIGNED Nov. 5/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 31, 1951	24c. NAME OF CEMETERY OR CREMATORY Palmer	24d. LOCATION (City, town, or county) (State) Brunswick Mo.
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DATE REC'D BY LOCAL REG. Nov 21-51	REGISTRAR'S SIGNATURE Mildred Bunde	56	25. FUNERAL DIRECTOR'S SIGNATURE Meyer Funeral Home	ADDRESS Brunswick
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(Licensed Embalmer's Statement on Reverse Side)

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

210

Date Received: NOV 27 1957
DISTRICT HEALTH OFFICE #2
District File Number 11-57-21
Date Filed: NOV 27 1957

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 _____

Not embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Walter E. Moyer

Signed _____
Student Embalmer

Licensed Embalmer No. *44910*

P. O. Address *Brunswick, Ma*

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.