

# STANDARD CERTIFICATE OF DEATH

**FILED DEC 6 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 370

**1. PLACE OF DEATH**  
 a. COUNTY Marion  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal  
 c. LENGTH OF STAY (In this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Marion  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal 0644  
 d. STREET ADDRESS (If rural, give location) 420 North Fourth

**3. NAME OF DECEASED**  
 a. (First) Louise b. (Middle) Rauscher c. (Last) Ewing  
 (Type or Print)

**4. DATE OF DEATH** (Month) (Day) (Year)  
November 28, 1951

**5. SEX** Female  
**6. COLOR OR RACE** White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)  
Widowed 2

**8. DATE OF BIRTH**  
March 30, 1877

**9. AGE** (In years last birthday) 74  
 IF UNDER 1 YEAR: Months 7 Days 27  
 IF UNDER 24 HRS. Hours 27 Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
XX

**10b. KIND OF BUSINESS OR INDUSTRY**  
XX

**11. BIRTHPLACE** (State or foreign country)  
Hannibal Missouri

**12. CITIZENSHIP** OF WHAT COUNTRY?  
U S A

**13a. FATHER'S NAME**  
Charles G. Rauscher

**13b. MOTHER'S MAIDEN NAME**  
Gertrude Stecher

**14. NAME OF HUSBAND OR WIFE**  
Carl E. Ewing (deceased)

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) XX  
 (If yes, give war or dates of service) XX

**16. SOCIAL SECURITY NO.**  
None

**17. INFORMANT'S SIGNATURE OR NAME** Mrs Doris Wolfe Hannibal Missouri  
**ADDRESS**

**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, asphyxia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Pneumonia  
**ANTECEDENT CAUSES**  
 Morbid 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**  
 Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis

**INTERVAL BETWEEN ONSET AND DEATH**

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**  
#91X1

**20. AUTOPSY?**  
 YES  NO

**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**  NOT WHILE AT WORK

**21f. HOW DID INJURY OCCUR?**

**22. I hereby certify that I attended the deceased from 20 Aug 1951, to 28 Nov, 1951, that I last saw the deceased alive on 28 Nov, 1951, and that death occurred at 7:00 PM from the causes and on the date stated above.**

**23a. SIGNATURE** M. J. Beer (Degree or title)

**23b. ADDRESS** Hannibal Mo

**23c. DATE SIGNED** Nov 28/51

**24a. BURIAL / CREMATION, REMOVAL** (Specify) Burial

**24b. DATE** 11/30/51

**24c. NAME OF CEMETERY OR CREMATORY** Riverside

**24d. LOCATION** (City, town, or county) (State) Hannibal Missouri

**DATE REC'D BY LOCAL REG.** 11/29/51

**REGISTRAR'S SIGNATURE** M. J. Beer

**25. FUNERAL DIRECTOR'S SIGNATURE** [Signature] **ADDRESS** Hannibal Missouri

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

RECEIVED DEC 4 1951  
MARION CO. HEALTH DEPT.  
DATE FILED DEC 5 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 W. Crawford Smith

Licensed Embalmer No. 7610

P. O. Address Hannibal Missouri

.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.