

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5806 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-So. Fork Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-So Fork Twp.</b>	
c. LENGTH OF STAY (in this place) <b>8 MO</b>		d. STREET ADDRESS (If rural, give location) <b>R. F. D. # 3, PARIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R. F. D. # 3, PARIS</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ADA</b>		b. (Middle) <b>FAYE</b>		c. (Last) <b>EWING</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 12, 1951.</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JULY 11, 1900</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>4</b>	IF UNDER 24 HRS. Days <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>THOMAS GIBSON</b>		13b. MOTHER'S MAIDEN NAME <b>SALLIE HOLTSHOUSE</b>		14. NAME OF HUSBAND OR WIFE <b>GLEN EWING</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>✓</b>		17. INFORMANT'S SIGNATURE OR NAME <b>GLEN EWING</b>	
				ADDRESS <b>PARIS, MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Cardiomyopathy</b>		<b>1 hr.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>174X</b>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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 **July 2, 1951**, to **Nov 12, 1951** that I last saw the deceased alive on **Nov 17, 1951**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>G. M. [Signature]</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>PARIS, MO.</b>		23c. DATE SIGNED <b>11-12-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIED</b>		24b. DATE <b>11-14-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ODD FELLOWS CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>HUNNEWELL, MO.</b>	
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DATE REC'D BY LOCAL REG. <b>11-13-51</b>		REGISTRAR'S SIGNATURE <b>G. B. Barnett, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Speed &amp; Blakey</b>		ADDRESS <b>PARIS, MO.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

690  
1

Date Received: NOV 19 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 11-51-2089  
Date Filed: NOV 20 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *E. H. Hynes*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4000

P. O. Address : Paris, 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.