

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4759**

FILED MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4212** Registrar's No. **61**

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

1. PLACE OF DEATH a. COUNTY Henry b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Blairstown c. LENGTH OF STAY (in this place) 7 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION At Home Blairstown Mo			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blairstown, Mo. d. STREET ADDRESS (If rural, give location) no			
3. NAME OF DECEASED (Type or Print) a. (First) Lewis b. (Middle) Mortimer c. (Last) McEowen			4. DATE OF DEATH (Month) (Day) (Year) Feb. 22, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 30, 1879		9. AGE (In years last birthday) 72 10 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (State or foreign country) Peculiar, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Daniel McEowen		13b. MOTHER'S MAIDEN NAME Sophia Knapp		14. NAME OF HUSBAND OR WIFE Eunice McEowen		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. Eunice McEowen, Blairstown, Mo				
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) Acute Endocarditis ANTECEDENT CAUSES Chronic Myocarditis 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <u>May 19 1949</u>, 19<u>49</u>, to <u>Feb 22</u>, 19<u>52</u>, that I last saw the deceased alive on <u>Feb 16</u>, 19<u>52</u> and that death occurred at <u>1:00 P.M.</u>, from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) James M. Holmberg, M.D.			23b. ADDRESS Halden, Mo.		23c. DATE SIGNED 7-13-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/24/52	24c. NAME OF CEMETERY OR CREMATORY Peculiar		24d. LOCATION (City, town, or county) (State) Peculiar, Missouri		
DATE REC'D BY LOCAL REG. Mar 1-52	REGISTRAR'S SIGNATURE Florence Odair		25. FUNERAL DIRECTOR'S SIGNATURE Address Cook Funeral Home, Chilhowee, Mo.			

STATEMENT BY LICENSED EMBALMER

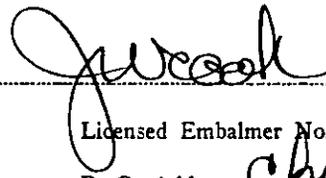
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 4325

P. O. Address Chelton, Mo

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.