

S. No. 300
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41742**

DEC 29 1952

BIRTH NO. _____ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **3011** Registrar's No. **110**

01710

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

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY Carroll	
b. CITY OR TOWN Carrollton		c. CITY OR TOWN Carrollton	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 304 W. 2nd St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Atwood Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Lou b. (Middle) Ella c. (Last) Ewell			4. DATE OF DEATH (Month) (Day) (Year) Dec. 20 1952		
5. SEX Female		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Aug. 21, 1866		9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Emile Golden		13b. MOTHER'S MAIDEN NAME Sarah Uhlman		14. NAME OF HUSBAND OR WIFE Silas W. Ewell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Harry Minnis ADDRESS Carrollton Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		DUE TO (b) Arterio sclerosis			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Senile Psychosis, etc.			
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		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)	
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 **Dec 20 1952**, to **Dec 20 1952**, that I last saw the deceased alive on **Dec 20 1952**, and that death occurred at **9:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Carl H. Reid MD (Degree or title)		23b. ADDRESS Carrollton Mo		23c. DATE SIGNED 12/22/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-22-52		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem	
24d. LOCATION (City, town, or county) Carrollton Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE Herbert C. Handley & Gibson		24f. ADDRESS Carrollton Mo.	

(Licensed Embalmer's Statement on Reverse Side)

DEC 31 1962

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton W

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.