

3. No. 300
EV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6737**

FILED FEB 24 1953

0560

BIRTH NO. _____		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 4281		Registrar's No. 16			
1. PLACE OF DEATH a. COUNTY Lewis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canton		c. LENGTH OF STAY (In this place) Canton 65 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canton		0560			
d. FULL NAME OF HOSPITAL OR INSTITUTION At home				d. STREET ADDRESS (If rural, give location) 205 S. 4th St.					
3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Janette c. (Last) Ewing			4. DATE OF DEATH (Month) (Day) (Year) Febr. 6, 1953						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 13, 1866			
9. AGE (In years less birthday) 86		# UNDER 1 YEAR Months _____		# UNDER 1 YEAR Days _____		# UNDER 1 MO. House _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Retired			11. BIRTHPLACE (City and State or Foreign Country) Savannah, Illinois			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Ephram Marsh		13b. MOTHER'S MAIDEN NAME Elizabeth Marsh		14. NAME OF HUSBAND OR WIFE Joseph Ewing		
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. Oval Hays, Canton, Mo.			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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443 X					INTERVAL BETWEEN ONSET AND DEATH 6 months Veteran		
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 May 5, 1952 to Feb 4, 1953 , that I last saw the deceased alive on Feb 4, 1953 , and that death occurred at 9:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Samuel H. Roberts, D.O.				23b. ADDRESS Canton, Mo.		23c. DATE SIGNED 2-17-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Febr. 8, 1953		24c. NAME OF CEMETERY OR CREMATORY Forest Grove		24d. LOCATION (City, town, or county) (State) Canton, Lewis, Missouri			
DATE REC'D BY LOCAL REG. 2-20-53		REGISTRAR'S SIGNATURE P. H. Jennings, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Paul H. Barkley, Canton, Mo.					

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

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 Earl H. Rankley

Licensed Embalmer No. 2615

P. O. Address Canton, 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.