

FILED MAR. 7 1955

STANDARD CERTIFICATE OF DEATH

State File No. **4131**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **1313**

|  |  |  |                                |
|--|--|--|--------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>CAPE GIRARDEAU</b>                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MO.</b> b. COUNTY <b>SCOTT</b> |                                |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>CAPE GIRARDEAU</b> |  | c. LENGTH OF STAY (in this place) <b>6 days</b>  | c. CITY OR TOWN <b>CHAFFEE</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HIRSCH BLDG</b>                             |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>100</b>    |                                |
| f. STREET ADDRESS <b>128 PARTNER AVE.</b>  |  | (If rural, give location)  |                                |

|   |                           |   |                                      |
|---|---------------------------|---|--------------------------------------|
| 3. NAME OF DECEASED<br>a. (First) <b>WALFORD</b> b. (Middle) <b>HOMER</b> c. (Last) <b>McEWING</b>          |                           | 4. DATE OF DEATH (Month) (Day) (Year) <b>2 23-1955</b>                |                                      |
| 5. SEX <b>M</b>   | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>      | 8. DATE OF BIRTH <b>JUNE 10 1887</b> |
| 9. AGE (In years last birthday) <b>67</b> 10. IF UNDER 1 YEAR Months <b>8</b> Days <b>13</b>                |                           | 11. BIRTHPLACE (City and State or Foreign Country) <b>MILAN TENN</b>  |                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ENGINEER</b> |                           | 10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>                     |                                      |
| 13a. FATHER'S NAME <b>JAMES W. McEWING</b>  |                           | 13b. MOTHER'S MAIDEN NAME <b>MANDA L. WALLICE</b>                     |                                      |
| 14. NAME OF HUSBAND OR WIFE <b>Mrs. CAROLINE McEWING</b>  |                           | 12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/> U.S. |                                      |

|  |  |  |  |
|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>  | 16. SOCIAL SECURITY NO. <b>702-07-1773</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Carlone McEwing Chaffee Mo</b> |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | 19. MAJOR FINDINGS OF OPERATION <b>4202</b>                              |  |

|   |  |  |  |
|---|--|--|--|
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Angina pectoris</b>   |  | INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>  |  |
| ANTECEDENT CAUSES<br>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<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Nephrosis</b> |  |

|  |  |   |
|--|--|---|
| 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) (Min.) | 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 **Feb 18, 1955** to **Feb 23, 1955**, that I last saw the deceased alive on **Feb 23, 1955**, and that death occurred at **2:20 P.M.**, from the causes and on the date stated above.

|  |  |   |  |                                 |  |
|--|--|---|--|---------------------------------|--|
| 23. SIGNATURE <b>C. D. Stevenson</b> (Degree or title) <b>D.O.</b> |  | 23b. ADDRESS <b>Hirsch Bldg Cape Girardeau, Mo.</b>                             |  | 23c. DATE SIGNED <b>2/28/55</b> |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>            | 24b. DATE <b>2-26-1955</b>                 | 24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEM.</b>                          | 24d. LOCATION (City, town, or county) (State) <b>ST. GENEVIE MO.</b> |                                 |  |
| DATE REC'D BY LOCAL REG. <b>3-1-55</b>                             | REGISTRAR'S SIGNATURE <b>C. C. Summers</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>P. M. Stubbbs</b> ADDRESS <b>Chaffee Mo</b> |  |                                 |  |

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.....  
Signature of Student Embalmer

Signed *C. J. Lohmy*.....  
Licensed Embalmer No. *3810*  
P. O. Address *Cape Girardeau*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.