

FILED MAR 1 1955

CERTIFICATE OF DEATH

State File No. 1033

BIRTH NO. REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 45217 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Worth County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth

b. CITY (If outside corporate limits, write RURAL and give township) Grant City, Missouri

c. CITY OR TOWN Grant City, MO.

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Grant City, Mo.

e. STREET ADDRESS (If rural, give location) Kelso Street 1130

3. NAME OF DECEASED a. (First) Andrew b. (Middle) Duncan c. (Last) Ewing

4. DATE OF DEATH (Month) (Day) (Year) February-21-1955

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH May-7-1865

9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months 9 Days 14 IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (City and State or Foreign Country) Worth County

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Ewing

13b. MOTHER'S MAIDEN NAME Mary McClish

14. NAME OF HUSBAND OR WIFE Cordelia Ewing

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cordelia Ewing Grant City, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Anoxia

INTERVAL BETWEEN ONSET AND DEATH 3 hours

\*This does not mean the mode of dying, such as heart failure, ashenia, 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) Acute cardiac dilatation

7 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSION DUE TO (c) ARTERIOSCLEROSIS

years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 447 X

20. AUTOPSY? YES NO X

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1954, to Feb 21, 1955, that I last saw the deceased alive on FEB 21, 1955, and that death occurred at 4:50 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard J. Smith D.O. 2

23b. ADDRESS Grant City, Mo.

23c. DATE SIGNED FEB 23, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE Feb-24-1955

24c. NAME OF CEMETERY OR CREMATORY City Cemetery

24d. LOCATION (City, town, or county) Grant City, Missouri

DATE REC'D BY LOCAL REG. 2-26-1955

REGISTRAR'S SIGNATURE Letta E. Duverson 345

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Anderson Grant City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 John Andrews....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed John Andrews.....  
Licensed Embalmer No. 42.....

P. O. Address Grant Co.....

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.