No. 300
30.48

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

FILED AUG 3 - 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 22256
Registrar's No. 3031

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City Mo.
c. LENGTH OF STAY (in this place): 67 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City Mo
Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
STREET ADDRESS (If rural, give location): 601 East armour 3508

**3. NAME OF DECEASED** (Type or Print)
a. (First): Frances
b. (Middle): M.
c. (Last): McEwan

**4. DATE OF DEATH** (Month) (Day) (Year): 7-14-1955

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Feb. 14 1871
**9. AGE** (In years last birthday): 84 — IF UNDER 1 YEAR: Months #; Days; IF UNDER 24 HRS.: Hours; Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: House wife
**11. BIRTHPLACE** (City and State or Foreign Country): Sterling Ill.
**12. CITIZEN OF WHAT COUNTRY?**: American
**13a. FATHER'S NAME**: Thomas Slaymaker
**13b. MOTHER'S MAIDEN NAME**: Mary Slaymaker MEYERS
**14. NAME OF HUSBAND OR WIFE**: B. H. McEwan
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME**: H. Slaymaker — ADDRESS: 5000 Troy K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) OBSTRUCTION OF SMALL BOWEL

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) INCISIONAL HERNIA
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: 5613

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.
**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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

**23a. SIGNATURE** David M. Gibson — David M. Gibson MD
**(Degree or title)** (Pathologist)
**23b. ADDRESS** St. Luke's Hospital KCMo
**23c. DATE SIGNED** 7/14/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: 7-16-55
**24c. NAME OF CEMETERY OR CREMATORY**: FOREST HILL
**24d. LOCATION** (City, town, or county) (State): KANSAS CITY, MO.

DATE REC'D BY LOCAL REG.: 7-16-55
REGISTRAR'S SIGNATURE: Mera Minshall
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS**: FREEMAN MORTUARY, KANSAS CITY, MO.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clayton H Barnes

Licensed Embalmer No. 47

P. O. Address K-C, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.