

FILED AUG 31 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
23303

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5397 Registrar's No. 72

2030

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

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural-Texas</u>		c. LENGTH OF STAY (In this place) <u>50 yrs</u>	c. CITY OR TOWN <u>Salem</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>		e. STREET ADDRESS (If rural, give location) <u>8 miles So.</u> <u>02305</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellen</u> b. (Middle) <u>Isabell</u> c. (Last) <u>Pewitt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-24-55</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED? <u>WIDOWED</u>	8. DATE OF BIRTH <u>Mar-2-69</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	

13a. FATHER'S NAME <u>Jasper Manning</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Daily</u>	14. NAME OF HUSBAND OR WIFE <u>David Pewitt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Walter Summers</u> ADDRESS <u>Salem rt 5 Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHOPNEUMONIA</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>FRACTURED HIP</u> DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>carcinoma of face</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>022</u> (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 8/10, 1955, to 7/15, 1955, that I last saw the deceased alive on 7/15, 1955, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. J. BOSS M.D.</u> (Degree or title)	23b. ADDRESS <u>Salem Missouri</u>	23c. DATE SIGNED <u>8/26/55</u>
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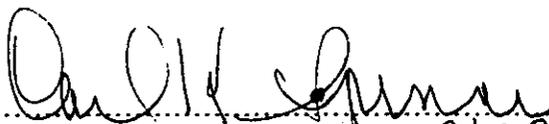
24a. BURIAL, CREMATION, REMOVAL <u>burial</u>	24b. DATE <u>8-26-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dry Dork Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Jack Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-26-55</u>	REGISTRAR'S SIGNATURE <u>P. E. Mitchell</u>	515	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Summers</u> ADDRESS <u>Salem Mo</u>
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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.....


Licensed Embalmer No. 237

P. O. Address. Salem

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.