

FILED AUG 30 1955

STANDARD CERTIFICATE OF DEATH

State File No. 26880

582
0
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 543

1. PLACE OF DEATH
a. COUNTY LINN
b. CITY (If outside corporate limits, write RURAL and give OR TOWN BROOKFIELD township) Brookfield
c. LENGTH OF STAY (In this place) 1 Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION DOCTORS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY CHARITON
c. CITY (If outside corporate limits, write RURAL and give township) BRUNSWICK
d. STREET ADDRESS _____ (If rural, give location) 0211

3. NAME OF DECEASED (Type or Print)
a. (First) LESTER b. (Middle) EWING c. (Last) JR. 4. DATE OF DEATH (Month) (Day) (Year) AUG. 19 1955

5. SEX MALE² 6. COLOR OR RACE COL. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH FEB. 2. 1923 9. AGE (In years last birthday) 32 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER 11. BIRTHPLACE (State or foreign country) BRUNSWICK MO 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME LESTER EWING SR. 13b. MOTHER'S MAIDEN NAME DORA WILLIAMS 14. NAME OF HUSBAND OR WIFE CORNELIA EWING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES 2ND WORLD WAR 1945-30-3072 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME MRS. LESTER EWING 18. ADDRESS _____ BRUNSWICK 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) Circulatory failure
MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
DUE TO (b) Massive internal hemorrhage 2 1/2 hrs.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Internal injuries, received from acute traumatic (auto) accident. 2 1/2 hrs.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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

21a. ACCIDENT # _____ (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway No 24 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Brunswick Chariton Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 19 55 2: a m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Auto accident.

22. I hereby certify that I attended the deceased from Aug. 19, 1955, to Aug. 19, 1955, that I last saw the deceased alive on Aug. 19, 1955, and that death occurred at 4:30 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. White, D. 20. 23b. ADDRESS Brookfield, Mo. 23c. DATE SIGNED 8/22/55

24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL 24b. DATE 8-21-1955 24c. NAME OF CEMETERY OR CREMATORY COLLEGE GENEAL BRUNSWICK 24d. LOCATION (City, town, or county) (State) MISSOURI

DATE REC'D BY LOCAL REG. 8-24-1955 REGISTRAR'S SIGNATURE (Signature) 25. FUNERAL DIRECTOR'S SIGNATURE (Signature) ADDRESS _____

Mo.

SEP 27 1955

SEP 19 1955

SEP 20 1955

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

L. W. Merisal

Licensed Embalmer No. 823

P. O. Address *Brunswick*

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.