

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 16 1956

State File No. 8044

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>126</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Columbia</u>		d. Is Residence within limits of a city or incorporated town? Year <u>18</u> No <input type="checkbox"/> Yes <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>816 Virginia Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HAL</u> b. (Middle) <u>R.</u> c. (Last) <u>EWALT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 13, 1881</u>	
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Real Estate</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tolona, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Coleman C. Ewalt</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ann Ball</u>		14. NAME OF HUSBAND OR WIFE <u>Maude Hill Ewalt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hal R. Ewalt, Columbia, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL ENCEPHALOMYELACIA.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral ARTERIOSCLEROSIS ?</u> DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS ?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ARTERIOULAR NEPHROSCLEROSIS ?</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <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 <u>Jul 1954</u> , to <u>10 Apr 1956</u> , that I last saw the deceased alive on <u>9 Apr 1956</u> , and that death occurred at <u>2A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Elmer P. Rodgers MD</u>				23b. ADDRESS <u>101 W. Broadway</u>		23c. DATE SIGNED <u>10 APR 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Apr. 10, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>April 10 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parker Funeral Service Columbia Mo</u>			

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 [Signature]....., Student Embalmer No. 531 working under my personal supervision..

Student [Signature].....
Signature of Student Embalmer

Signed [Signature].....
Licensed Embalmer No. 487
P. O. Address Columbus.....

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.