

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25541**
Registrar's No. **1546**

FILED JUL 18 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **580**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE MISSOURI b. COUNTY BOONE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FLORISSANT	c. LENGTH OF STAY (in this place) 9 DAYS	c. CITY OR TOWN HARRISBURG	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: # 30 ST. LAWRENCE		e. STREET ADDRESS (If rural, give location) 0100	

3. NAME OF DECEASED (Type or Print) a. (First) MARTHA	b. (Middle) ELIZABETH	c. (Last) EWENS	4. DATE OF DEATH (Month) (Day) (Year) JUNE 24, 1956
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 26, 1880	9. AGE (In years last birthday) 75	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) BOONE Co., MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME DAVID MCBRIDE	13b. MOTHER'S MAIDEN NAME MARTHA ROBERTS	14. NAME OF HUSBAND OR WIFE JOHN H. EWENS
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME FRED EWENS	ADDRESS FLORISSANT, MO
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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 30 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Chronic	

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) (COUNTY) (STATE) 4201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **OCT. 1954** to **June 24 1956**, that I last saw the deceased alive on **July 27, 1956** and that death occurred at **11:15 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert J. O'Connor	(Degree or title)	23b. ADDRESS 751 ST. FRANCIS FLORISSANT, MO.	23c. DATE SIGNED 24 June 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 6-24-56	24c. NAME OF CEMETERY OR CREMATORY HARRISBURG CEMETERY	24d. LOCATION (City, town, or county) (State) HARRISBURG, MISSOURI
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DATE REC'D BY LOCAL REG. 6-24-56	REGISTRAR'S SIGNATURE Hubert A. Lombard	25. FUNERAL DIRECTOR'S SIGNATURE PARKER FUNERAL HOME	ADDRESS FLORISSANT, MO. COLUMBIA, MO.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

JUL 18 1946

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 *Gene A. Hutchens*.....

Licensed Embalmer No. 496.....

P. O. Address *Albany*.....

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.