

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2438**

FILED APR 8 1957

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clark	
b. CITY (If outside corporate limits, write RURAL and give town) Kirksville		c. CITY OR TOWN Kahoka	
c. LENGTH OF STAY (in this place) 4 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Community Nursing Home #1			
STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) LaVerne b. (Middle) Audey c. (Last) Ewart			4. DATE OF DEATH (Month) (Day) (Year) April 1, 1957		
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 1-31-1940	9. AGE (In years last birthday) 17	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Hillsboro, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William Ewart		13b. MOTHER'S MAIDEN NAME Leona McKee		14. NAME OF HUSBAND OR WIFE Mrs Wilson/welfare agent	
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.		17. INFORMANT'S SIGNATURE OR NAME Mrs Wilson/welfare agent	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis and terminal pneumonia		INTERVAL BETWEEN ONSET AND DEATH 36 hrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Prolonged Recumbency		17 years	
		DUE TO (c) Cerebral Palsy		17 years	
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? 2 YES <input type="checkbox"/> NO <input checked="" 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) 351X	

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 March 27, 1957, to April 1, 1957, that I last saw the deceased alive on March 31, 1957, and that death occurred at 6:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George H. Schewer, D.O.		23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 4-1-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-6-1957		24c. NAME OF CEMETERY OR CREMATORY Kahoka	
		24d. LOCATION (City, town, or county) (State) Kahoka, Missouri			

DATE REC'D BY LOCAL REG. 4-2-1957		REGISTRAR'S SIGNATURE Dora W. Rathoff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lewis & Lewis, Kirksville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Robert B. Davis*.....

Licensed Embalmer No. *4219*

P. O. Address *Kirksville*

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.