

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40850
STATE FILE NUMBER

FILED DEC 2 - 1957

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN R.R.1 JOPLIN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JANECHINN HOSPITAL			Length of stay in 1b 48 DAYS	d. STREET ADDRESS R.R.#1, Box 194			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) WILLIAM FLEMING EWING				First William	Middle FLEMING	Last EWING	4. DATE OF DEATH NOVEMBER 21, 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JANUARY 10, 1875		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LUMBERMAN			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) HAMBURG, PENN.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JOHN W. EWING				14. MOTHER'S MAIDEN NAME NO DATA				
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. 429-05-3739	17. INFORMANT Address MRS MARY E. EWING, R.#1, JOPLIN, MO.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Toxemia of gastro intestinal obstruction			24 hrs		
			DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from Nov. 19, 1957 , to Nov. 21, 1957 and last saw ^{her} him alive on Nov. 21, 1957 Death occurred at 3:47 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>M. Pence</i>			(Degree or title) D.O.	22b. ADDRESS Carterville, Mo		22c. DATE SIGNED 11-21-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-23-1957	23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETARY		23d. LOCATION (City, town, or county) WEBB CITY,		(State) MISSOURI	
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME, WEBB CUTY, MO.				ADDRESS	25. DATE RECD. BY LOCAL REG. 11-23-57	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>		

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Esper County Health Office
7 1957

County File Number 57-11-954

Date Filed NOV 27 1957

ADAM 3
1958

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 Richard Roy Lewis

Licensed Embalmer No. 440

P. O. Address Wabbe City

Pence

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.