

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43353**

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>451</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived, - If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Lewis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>6 wks</u>		c. CITY OR TOWN <u>La Grange</u>		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 <u>C. N. H. #1</u>				STREET ADDRESS (If rural, give location) <u>La Grange</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lena</u> b. (Middle) <u>May</u> c. (Last) <u>Ewing</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31, 1957</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, <u>2</u> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Dec. 19, 1860</u>		9. AGE (In years last birthday) <u>97</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lewis County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Winchester Porter</u>			13b. MOTHER'S MAIDEN NAME <u>Prissella Daune</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>X</u> (If yes, give year or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Ewing, Kirksville, 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>Hypostatic PNEUMONIA</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Cardio-Vascular Failure</u> DUE TO (c) <u>Jenile Arterio Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Spontaneous fracture left femur - ANEURYSM abdominal Aorta - UREMIA</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 Weeks</u> <u>5 Weeks</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500F</u>			20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, motor, street, office bldg., etc.) <u>at Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>La BELLE Lewis MISSOURI</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NOV 13, 1957</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>spontaneous, followed by fall</u>			
22. I hereby certify that I attended the deceased from <u>NOV 20, 1957</u> , to <u>Dec 31, 1957</u> , that I last saw the deceased alive on <u>Dec 31, 1957</u> , and that death occurred at <u>12:28 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Johnson</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>800. W. Jefferson, Kirksville</u>		23c. DATE SIGNED <u>12/31/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/31/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lewis Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-31-1957</u>		REGISTRAR'S SIGNATURE <u>Doris W. Pottly</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul W. R. ...</u>		ADDRESS <u>Kirksville, Mo.</u>	

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 *Kenneth E. Hayes*

Licensed Embalmer No. *4890*

P. O. Address *Kirkville, Mo.*

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.