

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024366  
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Nevada</b> <b>10820</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nevada Hospital</b>			Length of stay in 1b		d. STREET ADDRESS <b>700 N. Washington</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <b>Lynn</b> Middle <b>Moore</b> Last <b>Ewing</b>				4. DATE OF DEATH Month <b>July</b> Day <b>5</b> Year <b>1958</b>							
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>October 3, 1903</b>		9. AGE (In years last birthday) <b>54</b>	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) <b>Attorney -At- Law</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Nevada, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13. FATHER'S NAME <b>Lee Boyd Ewing</b>				14. MOTHER'S MAIDEN NAME <b>Edith Moore</b>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>492-4268995</b>		17. INFORMANT Address <b>Mrs. Lynn Ewing Nevada, Missouri</b>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Squamous Cell Ca. of Larynx &amp; metastases to trachea-esophageal fistula</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) INTERVAL BETWEEN ONSET AND DEATH <b>3 yr.</b> <b>161X</b>											
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			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 _____ 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 <b>June 11, 58</b> to <b>July 5, 58</b> and last saw <b>him</b> alive on <b>July 5, 58</b> Death occurred at <b>4:35 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Deputy title) <b>James J. Pascoe M.D.</b>				22b. ADDRESS <b>Moore Bldg Nevada Mo</b>			22c. DATE SIGNED <b>July 7, 58</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7/7/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Deepwood Cemtery</b>		23d. LOCATION (City, town, or county) (State) <b>Nevada, Missouri</b>						
24. FUNERAL DIRECTOR <b>Eichinger Funeral Home-Nevada, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>7-9-1958</b>		26. REGISTRAR'S SIGNATURE <b>Arma E. Jerry</b>					

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service  
300 1-56  
0  
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

MAY 26 1951  
S/A

**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 *Percy F. Melster* .....

Licensed Embalmer No. *480*

P. O. Address *Nevada*

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.