

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

59-020389

FILED JUL 7 1959 Registration District No. 38 Primary Registration District No. 3006 STATE FILE NUMBER Registrar's No. 284

U.S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Columbia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hosp.		Length of stay in lb 2 days	
3. NAME OF DECEASED (Type or print) First Middle Last William LEE Ewens		4. DATE OF DEATH Month Day Year June 27 1959	
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 March 24-1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Boone County Missouri
13a. FATHER'S NAME John W. Ewens		13b. MOTHER'S MAIDEN NAME Mary Ann Roberts	14. NAME OF HUSBAND OR WIFE Nina Adams Ewens
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. 486-12-2636	17. INFORMANT Mrs Ray Fenton, 226 Sexton Rd
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolism - multiple DUE TO (b) aortic valve excrescence Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) Auricular fibrillation			INTERVAL BETWEEN ONSET AND DEATH Luk.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 April 1959 to 27 June 59 and last saw her alive on 27 June '59 Death occurred at 8:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dress or title) James Denninghoff M.D.		22b. ADDRESS 1009 Cherry Columbia Mo	22c. DATE SIGNED 28 June 59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-30-1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) Columbia, Missouri
24. FUNERAL DIRECTOR Parkers Funeral Service Columbia, Mo.		25. DATE RECD. BY LOCAL REG. June 29, 1959	26. REGISTRAR'S SIGNATURE Mrs R E Palmer

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
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.

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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 *George A Kerby*

Licensed Embalmer No. *4752*

P. O. Address *Columbia, M*

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.