

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-046686

FILED VS. JAN 19 1960

113

Primary Registration District No. 5431

Registrar's No. 34

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Robertsville, Mo. R#1			Length of stay in 1b ****	c. CITY OR TOWN Robertsville, Mo. R#1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Box 160		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ADOLPHUS W, Mc EWEN				4. DATE OF DEATH Month Day Year Dec. 28, 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/31/81	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min. 6 31	IF UNDER 24 HR Hours Min. 31
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY General Frammer		11. BIRTHPLACE (City and state or country) Franklin, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME William Mc Ewen			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none none			16. SOCIAL SECURITY NO. unavailable	17. INFORMANT Theresa D Herrington Address Robertsville 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) Gastric Hemorrhage DUE TO (b) peptic ulcer. DUE TO (c) Hepatitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gastroenteritis						INTERVAL BETWEEN ONSET AND DEATH 36 hrs. 24 hrs. 6 wks.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.	Month, Day, Year						
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 11-21-59 to Dec 28, 59 and last saw him alive on Dec 15, 1959 Death occurred at 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dr. John M. Williams D.O.				22b. ADDRESS 445. S. Main, St. Clair Mo		22c. DATE SIGNED 12-28-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 30, 1959	23c. NAME OF CEMETERY OR CREMATORY Grubsville, Cem.		23d. LOCATION (City, town, or county) (State) Grubsville, Missouri			
24. FUNERAL DIRECTOR Sherrill W. Kitchell ADDRESS				25. DATE RECD. BY LOCAL REG. Dec 30 59		26. REGISTRAR'S SIGNATURE Charles Smith	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 29 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Sherrill W. Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.