

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-004766

FILED VS FEB 1 0 1960

Registration District No. 340 Primary Registration District No. 6149 STATE FILE NUMBER 73
Registrar's No. 73

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dudley Duck Creek	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Dudley	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 90	Length of stay in lb 46 years	d. STREET ADDRESS 1030	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Grace Ewer			4. DATE OF DEATH Month January Day 24 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 4, 1880	9. AGE (In years) 80	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Franklin Auman		13b. MOTHER'S MAIDEN NAME Elizabeth Dinsmore		14. NAME OF HUSBAND OR WIFE Deceased James Marion Ewer	
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. None		17. INFORMANT Mrs. James Helsley Address 4804 Williams St. Dearborn, Mich.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Collapse			INTERVAL BETWEEN ONSET AND DEATH 12 hr. 48 hr. 10 yr. +
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Hemorrhage		
	DUE TO (c) Atherosclerosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Aortic Aneurism			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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	

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 Dexter, Mo.	COUNTY Dexter	STATE Missouri
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21. I attended the deceased from **Jan. 22, 1960** to **Jan. 29, 1960** and last saw her alive on **Jan. 24, 1960**
Death occurred at **11:50 a.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dexter, Mo.	(Degree or title) D.O.	22b. ADDRESS Dexter, Mo.	22c. DATE SIGNED 1-26-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-27-1960	23c. NAME OF CEMETERY OR CREMATORY Dexter Cemetery	23d. LOCATION (City, town, or county) Dexter, Missouri
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24. FUNERAL DIRECTOR Lloyd Russell Piggott, Arkansas	25. DATE RECD. BY LOCAL REG. 2-4-60	26. REGISTRAR'S SIGNATURE Wm. V. Fenwick
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

FEB 10 1968

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Gerald W. Hoggard.....

Licensed Embalmer No. 1146 Ark
P. O. Address Pyramid, Ark

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.