URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAY 2 1960

60-016432
STATE FILE NUMBER

ENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY: Pulaski Co
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Tavern. Length of stay in 1b: 5 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3 mil N.Of Crocker, Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pulaski
c. CITY OR TOWN: Waynesville,Mo. Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural Rt. # 2. Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Kenneth Middle: Elwood Last: Ewing.
4. DATE OF DEATH: Month: April Day: 20, Year: 1960
5. SEX: Male
6. COLOR OR RACE: White.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/20/1922
9. AGE (last birthday): 38
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber.
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (City and state or country): Oklahoma.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Floyd Ewing.
13b. MOTHER'S MAIDEN NAME: Elba DiPietro.
14. NAME OF HUSBAND OR WIFE: Betty Jean Ewing.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: Mrs. Betty Jean Ewing Address: Waynesville, Mo. Rt. # 2.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Shock
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hemorrhage
DUE TO (c): Gun Shot Wounds
INTERVAL BETWEEN ONSET AND DEATH: 10 Min
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Victim was shot by police attempting to apprehend him.
20c. TIME OF INJURY: Hour 8:45 p.m. Month, Day, Year: APR 20-1960
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): FARM Bldg
20f. CITY, TOWN, OR LOCATION: 3 Mi N of Crocker COUNTY: Pulaski STATE: Missouri

BY AFFIDAVIT OF DOCUMENT

21. I attended the deceased from On April 20/60 to _____ and last saw her/him alive on _____
Death occurred at 8:45 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: B Medyes (Degree or title): County Coroner.
22b. ADDRESS: Richland,Missouri
22c. DATE SIGNED: 4/21/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4/23/60
23c. NAME OF CEMETERY OR CREMATORY: Ava Cemetery
23d. LOCATION (City, town, or county) (State): Ava,Missouri
24. FUNERAL DIRECTOR: B Medyes Richland Mo ADDRESS: Hedges Funeral Home Ava, Missouri
25. DATE RECD. BY LOCAL REG.: 4-23-60
26. REGISTRAR'S SIGNATURE: Leola Faye Anderson

(Licensed Embalmer's Statement on Reverse Side)

VS MAY 24 1960

JUN 13 1960

STATEMENT BY LICENSED EMBALMER MAY 4 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clarence Moss

Signature of Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville, N

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