

FILED VS JUN 8 1960

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 22

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Odessa		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Odessa		Inside Limits Yes <input 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 55 Yrs.	d. STREET ADDRESS 540 (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Neander Middle Young Last Ewing			4. DATE OF DEATH Month June Day 4 Year 1960		
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 Jan. 6, 1870	9. AGE (In years last birthday) 90	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) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lafayette Co., Mo.		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Joel H. Ewing		13b. MOTHER'S MAIDEN NAME Mary Ingram		14. NAME OF HUSBAND OR WIFE Nettie Ewing	
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. 500-22-9389		17. INFORMANT Address Mrs. N. Y. Ewing, Odessa, 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) Coronary Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Synclity DUE TO (c) Arteriosclerosis 4201					INTERVAL BETWEEN ONSET AND DEATH 18 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 June 1 - 1960 to June 4 1960 and last saw her alive on June 3/1960 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. H. Martin M.D. (Degree or title)			22b. ADDRESS Odessa Mo		22c. DATE SIGNED 6-6-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 6, 1960	23c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery		23d. LOCATION (City, town, or county) (State) Odessa, Mo.
24. FUNERAL DIRECTOR Husman-Sparks,		ADDRESS Odessa, Mo.		25. DATE RECD. BY LOCAL REG. 6-6-1960	26. REGISTRAR'S SIGNATURE Emma Davidson

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

1-0

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: *William T. Spar*

Licensed Embalmer No. *4431*
P. O. Address *Odessa, N*

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.