

FILED VS SEP 26 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-035600

STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 219

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY NODAWAY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE IOWA b. COUNTY TAYLOR		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARYVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BEDFORD, IOWA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL		Length of stay in lb 9 WEEKS	d. STREET ADDRESS (If outside, give location) 8196 1204 MAIN STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SIDNEY Middle RODNEY Last EWING			4. DATE OF DEATH Month SEPT. Day 16 Year 1960		
5. SEX 0 MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 16, 1882		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY STOCK & GRAIN		11. BIRTHPLACE (City and state or country) RURAL MISSOURI	
10c. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME ABRAHAM LINCOLN EWING		13b. MOTHER'S MAIDEN NAME INA KEMERLING	
13c. NAME OF HUSBAND OR WIFE ANNA B. EWING WIFE		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. 480-185233	
17. INFORMANT DALE STANDAGE		Address BEDFORD, IOWA		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of bladder	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 181.0		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 7 mo	
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 _____ o.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 <u>1/15/57</u> to <u>9/16/60</u> and last saw her alive on <u>9/16/60</u> Death occurred at <u>10⁰⁵ A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) B. Boland MD			22b. ADDRESS Maryville Mo		22c. DATE SIGNED 9/21/60
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE SEPTEMBER 16	23c. NAME OF CEMETERY OR CREMATORY BLANCHARD CEMETERY		23d. LOCATION (City, town, or county) (State) BLANCHARD, XXXX IOWA
24. FUNERAL DIRECTOR BOYD G. NOVINGER		ADDRESS BEDFORD, IOWA		25. DATE RECD. BY LOCAL REG. 9-21-60	26. REGISTRAR'S SIGNATURE Bears Bolt

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
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.

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**BOYD G. NOVINGER**....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Boyd G. Novinger*.....

Licensed Embalmer No. **3512 (IOWA)**

P. O. Address **BEDFORD, IOWA**

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.