

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045183

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STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

INDEXED

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 1 day	c. CITY OR TOWN Richards		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Mo. Meth. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) general Del.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Blanche Marie Ewing			4. DATE OF DEATH Month Day Year December 24, 1960			
5. SEX Female	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 Sept. 29, 1904	9. AGE (last birthday) 56	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Chilcothe Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME A.B. Sterling		13b. MOTHER'S MAIDEN NAME Amanda Swab		14. NAME OF HUSBAND OR WIFE Fay 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. Unk	17. INFORMANT Address Fay W Ewing, Richards 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) Acute Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH sudden	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerotic Heart Disease			unknown	
		DUE TO (c) Arteriosclerosis			unknown	
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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 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 12/24/60 to 12/24/60 and last saw her ^{her} alive on D.O.A. Death occurred at 6:AM m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Sheron E. Waggoner M.D.			22b. ADDRESS 301 Illinois Ave St. Joseph, Missouri		22c. DATE SIGNED 12/26/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/27/60	23c. NAME OF CEMETERY OR CREMATORY Newton Cemetery		23d. LOCATION (City, town, or county) Nevada Missouri		(State)
24. FUNERAL DIRECTOR John P. Rupp		ADDRESS St. Joseph, Mo	25. DATE RECD. BY LOCAL REG. Dec. 30, 1960	26. REGISTRAR'S SIGNATURE Mrs. Clark Hardell		

DOCUMENT

S. E. Waggoner, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

