

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016298

AMENDED

Registration District No. 374

Primary Registration District No. 4547

Registrar's No. 7

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

North County

b. CITY (If outside corporate limits, give TOWNSHIP only)

Grant City

Length of stay in 1b

10-years

c. FULL NAME OF (If NOT in hospital, give location)

409 Goodsill

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY County

c. CITY

Grant City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

409 Goodsill

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

Cordelia

First

Ewing

Last

4. DATE

OF DEATH

Month

April

Day

I

Year

1961

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Aug-25-1866

9. AGE (last birthday)

94

IF UNDER 1 YEAR

Months 7 Days 6

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

housewife

11. BIRTHPLACE (City and state or country)

Worth County

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James Adams

13b. MOTHER'S MAIDEN NAME

Ruth Cowan

14. NAME OF HUSBAND OR WIFE

Andrew Duncan Ewing

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) no

(If yes, give war or dates of service) none

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Lucy Miller Grant City 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)

MEDULLARY FAILURE

INTERVAL BETWEEN ONSET AND DEATH

10 MINUTES

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) OLIGURIC UREMIA

3 MONTHS

DUE TO (c) ADVANCED ARTERIOSCLEROSIS

YEARS

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.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1953 to APRIL 1, 1961 and last saw her alive on MARCH 31-1961

Death occurred at 1:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard J. Smith MD

22b. ADDRESS

GRANT CITY MO

22c. DATE SIGNED

4-4-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

April-3-1961

23c. NAME OF CEMETERY OR CREMATORY

Grant City cemetery

23d. LOCATION (City, town, or county)

Grant City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

John Andrews Grant City Mo.

25. DATE RECD. BY LOCAL REG.

April 13, 1961

26. REGISTRAR'S SIGNATURE

Leta E. Dawson

(Licensed Embalmer's Statement on Reverse Side)

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 John Andrews, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 4211

P. O. Address Grant City Mo

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.