

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028285

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4062

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 6 1963

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
William Karl Graham
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 2 days	c. CITY OR TOWN Moberly
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 410 Johnson
3. NAME OF DECEASED (Type or print) First Leona Middle E Last Ewens			4. DATE OF DEATH Month July Day 19 Year 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-23-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 75
11a. FATHER'S NAME Charles Osborne		11b. MOTHER'S MAIDEN NAME Unknown	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE General Marrie Ewens	
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. None	17. INFORMANT Address Mrs. Helen Wilford Moberly, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema			INTERVAL BETWEEN ONSET AND DEATH half hour
DUE TO (b) Cardiac decompensation			days
DUE TO (c) Arteriosclerotic heart disease			years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral vascular accident			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 checked="" type="checkbox"/> NO <input 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 8:45 a.m. p.m.	Month, Day, Year 7-11-63		and last saw her ^{her} alive on 7-19-63
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 Bethel, Ks.	COUNTY STATE
21. I attended the deceased from 7-11-63 to 7-19-63 and last saw her ^{her} alive on 7-19-63		Death occurred at 8:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Deceased or file) William Karl Graham		22b. ADDRESS 8004 Leavenworth Road Bethel, Ks.	22c. DATE SIGNED 7-19-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-21-1963	23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	23d. LOCATION (City, town, or county) (State) Moberly, Missouri
24. FUNERAL DIRECTOR Muehlebach 6800 Troost		25. DATE RECD. BY LOCAL REG. 7-19-63	26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

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 R. E. Nichole

Licensed Embalmer No. 4727

P. O. Address P.O. MD

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.