V.S. No. 300
Rev. 10.48

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40677

State File No.

BIRTH NO. REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4286 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LaGrange
c. LENGTH OF STAY (In this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LaGrange
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): G.
c. (Last): Ewing

4. DATE OF DEATH (Month) (Day) (Year): Dec 31 1948

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: November 10, 1859
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 1, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer's wife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Sam Ewing
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Lena M. Ewing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: Lena M Ewing — ADDRESS: LaGrange, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

47E

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CANCER OF PLEURA

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CANCER EXTERNAL EAR
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 6, 1948 *to* Dec 31, 1948, *that I last saw the deceased alive on* Dec 30, 1948, *and that death occurred at* 11:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W F Ellery MD
23b. ADDRESS: LaGrange, Mo.
23c. DATE SIGNED: 1/3/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 2, 1949
24c. NAME OF CEMETERY OR CREMATORY: ~~Riverview~~ Liberty
24d. LOCATION (City, town, or county) (State): Lewis County Mo.

DATE REC'D BY LOCAL REG.: 1/5/49
REGISTRAR'S SIGNATURE: F. W. Jennings MD
25. FUNERAL DIRECTOR'S SIGNATURE: Paul A. Vaughn — ADDRESS: LaGrange, Mo.

(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.....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Paul A. Vaughn

Licensed Embalmer No. 4309

P. O. Address La Grange, 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 this body is not embalmed, fact should be so stated above.