

FILED NOV 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37437**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **507**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Pennsylvania b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Philadelphia	
c. LENGTH OF STAY (in this place) 1 Hr.		8370	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. St John's Hospital		d. STREET ADDRESS (If rural, give location) 1623 Harrison Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) Willard	b. (Middle) Northrop	c. (Last) EWALD	4. DATE OF DEATH (Month) (Day) (Year) November 8, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 3, 1905	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (State or foreign country) Unknown	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME William J. Ewald	13b. MOTHER'S MAIDEN NAME Helen Brown	14. NAME OF HUSBAND OR WIFE Margaret Ewald
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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. 185-01-2906	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Ewald 1623 Harrison, Phila. Pa.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4/201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none
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22. I hereby certify that I attended the deceased from **(did not attend same)**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:25P** m., from the causes and on the date stated above.

23a. SIGNATURE W. J. Ewald	(Degree or title) 3 Jasper County	23b. ADDRESS Joplin Nat'l Burial Bldg.	23c. DATE SIGNED 11-9-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 9, 1950	24c. NAME OF CEMETERY OR CREMATORY Clabby Funeral Home	24d. LOCATION (City, town, or county) (State) Philadelphia, Pennsylvania
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DATE REC'D BY LOCAL REG. 11-9-50	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort. Joplin, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

195
3

RECEIVED 11-14-50
Jasper County Health Office

County File Number 50-11-823

Date Filed 11-14-50

DEC 6 1950

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 William E. J. [Signature]

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.