S. No. 300
v. 10.48

0650
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FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5773 5384

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. ~~[illegible]~~ Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morgan Twp.
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mercer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Morgan Twp. 0650
d. STREET ADDRESS (If rural, give location): 0

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

4. DATE OF DEATH (Month) (Day) (Year): 2-11-51

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 5, 1884

9. AGE (In years on last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mercer Co., Mo 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jermone Ewing

13b. MOTHER'S MAIDEN NAME: Maltidia Ader

14. NAME OF HUSBAND OR WIFE: Ada P. Ewing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 482-[illegible]-9394

17. INFORMANT'S SIGNATURE OR NAME: Mrs Ada P. Ewing
ADDRESS: Princeton, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Sclerosis — 3 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4201

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* 10-11, 1945, *to* Feb 11, 1951, *that I last saw the deceased alive on* Feb 11, 1951, *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Marian Lambert (Degree or title) M.D.
23b. ADDRESS: Princeton, Mo
23c. DATE SIGNED: 2/14/51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2-14-51
24c. NAME OF CEMETERY OR CREMATORY: Princeton
24d. LOCATION (City, town, or county) (State): Princeton, Mo.

DATE REC'D BY LOCAL REG.: 2-17-51
REGISTRAR'S SIGNATURE: M. J. Ruth 393
25. FUNERAL DIRECTOR'S SIGNATURE: Noel Moss
ADDRESS: Princeton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
FEB 28 1951
DISTRICT HEALTH OFFICE
CAMERON, MO.

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 Me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Dale Nash

Signed.....
Student Embalmer

Licensed Embalmer No. 2634

P. O. Address Gamaliel 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.