

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16515
2282

FILED JUN 15 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 53 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION A.K. 438 W. 58th Terrace		d. STREET ADDRESS (If rural, give location) 438 W. 58th Terrace	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Carlton c. (Last) Ewing			4. DATE OF DEATH (Month) (Day) (Year) 5 26 51			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 15, 1871		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Geo. C. Ewing Insurance Agency		10b. KIND OF BUSINESS OR INDUSTRY Agency		11. BIRTHPLACE (State or foreign country) Iowa		
12. CITIZEN OF WHAT COUNTRY? USA						

13a. FATHER'S NAME James Ewing		13b. MOTHER'S MAIDEN NAME Anna Allensworth		14. NAME OF HUSBAND OR WIFE Leonora Lambert Ewing	
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. No		17. INFORMANT'S SIGNATURE OR NAME & ADDRESS Mrs. Edward W. Althaver, 428 W. 58th Terr, KC 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio Sclerosis - myocardial degeneration</i>		INTERVAL BETWEEN ONSET AND DEATH 6 mo	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>loss of weight general</i>		6 mo	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>x gradual weakness Christian Scientist</i>		4221	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *about* ¹⁹ *May 26*, 1951, to *May 26*, 1951, that I last saw the deceased alive on *May 26*, 1951, and that death occurred at *6:00 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Herbert Tutthill M.D.</i> (Degree or title)		23b. ADDRESS <i>1211 Riatts Bldg -</i>		DATE SIGNED <i>27-1951</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/29/51		24c. NAME OF CEMETERY OR CREMATORY Forest Hill	
				24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	

DATE REC'D BY LOCAL REG. 5-28-51		REGISTRAR'S SIGNATURE <i>Sheraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS STINE & McCLURE, Kansas City, Mo.	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

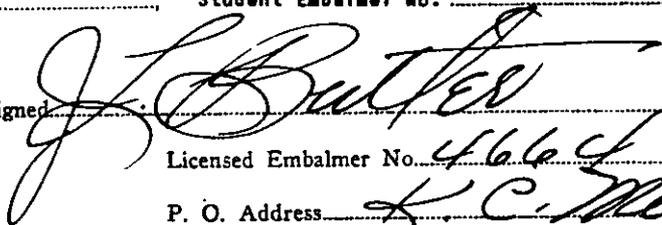
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by-----

Student Embalmer No. -----

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4664

P. O. Address K. C. 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.