

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27627**

RECD SEP 4 1951

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3042** Registrar's No. **269**

644

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal	
c. LENGTH OF STAY (in this place) 0644		d. STREET ADDRESS (If rural, give location) 420 North Fourth	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 420 North 4th			

3. NAME OF DECEASED (Type or Print) a. (First) Carl F. b. (Middle) Ewing c. (Last) Ewing			4. DATE OF DEATH (Month) (Day) (Year) August 20, 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 27, 1884	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 3 Days 23	IF UNDER 24 HRS. Hours 0 Min. 0
10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) Baker			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Elvaston Illinois	12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Frank Ewing		13b. MOTHER'S MAIDEN NAME Lucy Rockefeller		14. NAME OF HUSBAND OR WIFE Louise Rauscher Ewing	
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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)	16. SOCIAL SECURITY NO. 492 28 0529	17. INFORMANT'S SIGNATURE OR NAME 119 69040 21				ADDRESS
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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, asthma, 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) Apparent Coronary Thrombosis					
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Asphyxiation . Found dead 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 119 69040 21			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Residence	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hannibal Marion Missouri			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) August 20, 1951	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fall			
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. C. ...</i>	(Degree or title)	23b. ADDRESS <i>Hannibal</i>	23c. DATE SIGNED 8-22-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/22/51	24c. NAME OF CEMETERY OR CREMATORY Riverside	24d. LOCATION (City, town, or county) (State) Hannibal Missouri
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DATE REC'D BY LOCAL REG. August 25 1951	REGISTRAR'S SIGNATURE <i>W. C. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. C. ...</i>	ADDRESS Hannibal Missouri
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 28 1951
MARION CO. HEALTH DEPT.
DATE FILED AUG 31 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

John S. Stand

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.