

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4609
174

No. 300
10.48

FILED MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. _____

396
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1. PLACE OF DEATH a. COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>2 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Springfield 1644 Benton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jones Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wm.</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Ewing</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 23, 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Oct. 13, 1871</u>		9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	

13a. FATHER'S NAME <u>Martin L. Ewing</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl Ewing Springfield Rt. 10, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Medical Certification</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Possible Bowel Obstruction</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
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. <u>Cerebral Artery Thrombosis</u>		<u>Unknown</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5905</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?		
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22. I hereby certify that I attended the deceased from Feb. 23, 1952 to Feb. 23, 1952, that I last saw the deceased alive on Feb. 23, 1952, and that death occurred at 5:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James T. Goddard M.D.</u>		23b. ADDRESS <u>Springfield, Mo. 500 Ballard Bldg.</u>		23c. DATE SIGNED <u>2-26-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 27, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pembina Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Christain, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>2-26-52</u>		REGISTRAR'S SIGNATURE <u>James H. Amos, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. B. Chaffin Ozark, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Dyers Me.

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.