

FILED JUN 23 1952

STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4217 Registrar's No. 21

422  
3

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Urish</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>"Rural" Bogard Township</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u> b. (Middle) <u>Stephen</u> c. (Last) <u>Ewing</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 15, 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>✓</u>	8. DATE OF BIRTH <u>Aug. 28, 1948</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>✓</u>	

13a. FATHER'S NAME <u>Glen Ewing</u>		13b. MOTHER'S MAIDEN NAME <u>Velma Jewell Gregg</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Glen Ewing Urish, Mo.</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BASILAR SKULL FRACTURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>
	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>E 8124</u> <u>25</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>142</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>MAIN ST. URICH MO.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>URICH HENRY MO.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JUNE 15 1952 9:45 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>AUTO-PEDESTRIAN ACCIDENT</u>

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 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh B Walker, MD</u> (Degree or title)	23b. ADDRESS <u>Clinton, MO.</u>	23c. DATE SIGNED <u>15 June 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 17, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Urish Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Urish, Mo.</u>
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DATE REC'D BY LOCAL REG <u>June 17-52</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert Arnold Peighton, Mo.</u>
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(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.....

*Invin R. Arnold*

working under my personal supervision.

Student Embalmer No. *460*

Signed *Invin R. Arnold*  
Student Embalmer

Signed *Robert Arnold*

Licensed Embalmer No. *3621*

P. O. Address *Cresighton, 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.